



# EVALUATION OF MADILU PROGRAMME OF SAMAGRA MATHRU AAROGYA PALANE (THAYI BHAGYA) YOJANE

EXTERNAL  
EVALUATION



ಕರ್ನಾಟಕ ಮೌಲ್ಯಮಾಪನ ಪ್ರಾಧಿಕಾರ  
Karnataka Evaluation Authority

STUDY CONDUCTED FOR  
**KARNATAKA EVALUATION AUTHORITY**

**AND**

**DEPARTMENT OF HEALTH &  
FAMILY WELFARE SERVICES,  
GOVERNMENT OF KARNATAKA**

**BY**

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# Final Evaluation Report

2016

## Madilu Programme of SamagraMathru Aarogya Palane (Thayi Bhagya) Yojane

Health & Family Welfare Department

Government of Karnataka



ಕರ್ನಾಟಕ ಮೌಲ್ಯಮಾಪನ ಪ್ರಾಧಿಕಾರ  
Karnataka Evaluation Authority

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## Acknowledgement

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Shri. Brijesh Kumar Dixith ,IFS, past Chief Evaluation Officer, Karnataka Evaluation Authority  
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District Health officers of all the districts in Karnataka

We thank all the Medical officers in the selected PHCs, Staff nurses, ASHAs, ANMs, Medical social workers, statistician and field staffs who contributed their time and information in true evaluation of the Madilu scheme without whom the evaluation would not have been possible.

Director

HKCAL, Kalaburagi

**List of Abbreviations**

**BPL SC-** Below Poverty Line Scheduled Caste

**BPL ST-** Below Poverty Line Scheduled Tribes

**BPL OTHERS-** Below Poverty Line Scheduled other castes

**JSY-** Janani Suraksha Yojanae

**PSA/PA-** Prasoothi Arogya Scheme

**MoHFW-** Ministry of Health and Family Welfare

**PHC-** Primary Health Center

**CHC-** Community Health Center

**SC-** Sub-center

**MCH-** Maternal and Child Health

**DLHS-** District Level Health Survey

**SRS-** Sample Registration system

**MMR-**Maternal Mortality rate

**IMR-**Infant mortality rate

**NHM-** National Health Mission

**GOI-** Government of India

**GOK-** Government of Karnataka

## PREFACE

The Government of Karnataka started Madilu programme to help in post natal care, the mother and child with the objective to encourage poor pregnant women to deliver in health centres and hospitals in order to reduce maternal & infant mortality.

"Madilu programme" is a very unique programme having potential to reduce the home deliveries and improve institutional deliveries. Under this scheme, Madilu kits are issued to BPL, SC & ST pregnant women who deliver in the government hospitals and health institutions.

The Karnataka Evaluation Authority (KEA) has taken up Evaluation of the "Madilu Programme of Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane" implemented by Health & Family Welfare Department. The task of Evaluation was given to the external consultant agency called "Hyderabad Karnataka Centre for Advanced Learning". The study was conducted in all the 30 districts' of Karnataka where Madilu Kits are being distributed to BPL, SC and ST pregnant women who deliver in Government Hospitals, both in rural and urban areas, from the level of Primary Health Centres up to the level of Government and Medical College Hospitals.

The Evaluation study has revealed many finding like Madilu Programme has been an inspiration for improvement in institutional deliveries in most of the districts and is a successful and beneficial scheme in terms of its reach to the deserved beneficiaries. It also reveals that delay in issue of the kits is a major constraints in some of the districts. Some of items in the kit are not in the required size & quality and also incomplete. Also it come out with the major recommendations like segregation and separate pouch for the baby needs and mother needs has to be made , size and quality of the items in the kit should be improved, replacement of more useful items in the kit.

## EVALUATION MADILU PROGRAMME

The study received constant support and guidance of the Additional Chief Secretary, and the Secretary Planning, Programme Monitoring and Statistics, Government of Karnataka. The Evaluation study was actively supported by the officers of the Department of Health & Family Welfare Department by providing useful data and information for this evaluation study. The evaluation report has been reviewed by members of the Technical Committee of KEA, and an Independent Assessor, who provided suggestions and inputs to improve it from its draft form. I duly acknowledge the contribution of all who were involved in the study and contributed directly or indirectly.

I am sure that evaluation study and its findings and recommendations will be very useful to the Health & Family Welfare Department to improve the quality of the Madilu Kit and making this scheme more useful to the needy beneficiaries.

19th November, 2016

Bangalore

  
19/11/16  
Chief Evaluation Officer  
Karnataka Evaluation Authority

### Executive Summary

The Government of Karnataka, to ensure reduction of home deliveries and to promote institutional deliveries, promoted various Programmes to make MCH services available and accessible with equitable distribution of health facilities and health services. Among the various demand generation schemes that are implemented by the Department of Health and Family Welfare, Government of Karnataka, “Madilu” programme is a very unique programme, which has the potential to drastically improve institutional deliveries, particularly amongst the BPL, SC and ST pregnant women. On 15th September 2007, the Government of Karnataka launched the “Madilu” programme throughout the State, the main objectives of the said programme was to promote institutional deliveries amongst, BPL, SC and ST pregnant women and thereby reduction of MMR and IMR in the State. “Madilu Kits” are issued to BPL, SC and ST pregnant women who deliver in government hospitals for first two live births (relaxed to all live births in some districts) after 48 hours stay for normal deliveries and after 5 days of stay in cases of Caesarean Section deliveries. It is supplied in all the Government hospitals, starting from PHCs to Medical College Hospitals along with other cash incentives like Janani Suraksha Yojane (JSY) and Prasoothi Aaraike scheme (PSA), since 2007-08. The pre-condition of issuing Madilu Kits to BPL, SC and ST pregnant women for first only two live births has been relaxed since the middle of 2014-15 in High Priority Districts of Bidar, Kalaburgi, Yadgir, Koppal, Raichur, Bellary, Gadag, Vijayapura, Bagalkote and Chamarajanagar, and they are being issued to BPL, SC and ST pregnant women for all deliveries.

A detailed evaluation of the Madilu Scheme was needed to assess the efficiency in implementation of the program in terms of its reach especially to the hard to reach tribal areas, its impact in terms of improvement in Institutional deliveries in government hospitals, the



## EVALUATION MADILU PROGRAMME

rightness in process of the program in terms of issue of kits as per program guidelines, awareness about the program in the state, timeliness of issue of the kit and feedback regarding the usefulness and quality of the items supplied in the kit.

An evaluation was conducted in all the 30 districts of Karnataka by selecting two taluks and three primary health centres randomly within each district. Hospital data was collected from hospital records and interview with the hospital staff regarding the status of institutional deliveries in the areas catered. The list of Madilu beneficiaries was obtained, sorted into three categories viz: BPL SC, BPL ST AND BPL others and 10 beneficiaries from each list were interviewed using a pre-designed, semi-structured questionnaire. Beneficiaries were segregated year-wise viz: 2011-12, 2012-13, 2013-14, and 2014-15, and a total of 120 beneficiaries were interviewed (30 beneficiaries/year) per district. Focus group discussions were conducted as per predetermined protocols in each of the selected areas category wise and where the number of beneficiaries was less, in mixed groups. Primary and secondary data obtained from all the 30 districts by above mentioned data collection strategies were analysed and results were categorized as per requirements expected from the objectives of the evaluation.

A total of 3502 beneficiaries were interviewed personally for their opinion about the Madilu scheme and the kit provided. Out of the 3502 respondents, 1096 (31.3%) belonged to BPL SC and 1656 (47.29%) belonged to BPL others categories, whereas the BPL ST Category respondents were only a minimum of 750 (21.5%). Most of the respondents belonged to class IV (43.3%) and Class V (37.9%) in the socio-economic scale and literates (91%). Majority of the institutional deliveries conducted were normal vaginal deliveries (n=3393, 98.4%).

There was a good reach of the programme in terms of improvement in institutional deliveries in districts like Bangalore rural, Gulbarga, Chitradurga, Haveri and Yadgiri. There was a decline in institutional deliveries in Ramanagar, Shimoga and Udupi during the period of Madilu scheme

## EVALUATION MADILU PROGRAMME

implementation. The kit was received by all the categories in the analysed districts. But in some districts like Bagalkot, Bangalore rural, Bidar, Gadag, Udupi and Uttarakannada there was a sparsity of supply of Madilu kits and the supply was found to be too less when compared with the institutional deliveries conducted during the scheme period. Beneficiaries were generally satisfied with the receipt of the Madilu kits. There was a good appreciation and welcome for the Madilu program in districts like Belgaum, Chamrajnagar, Chikkaballapur, Chikkamagalur, Gadag, Gulbarga, Haveri and Yadgiri.

There was a delay in issue of the kits as well as the JSY/PSA money encountered in Chitradurga (99%), Davangere (99%), Gadag (99%), Gulbarga (100%), Kodagu (100%), Kolar (100%), Koppal (100%), Raichur (99%), Ramanagara (93%), Shimoga (100%) and Yadgiri (97.6%). There were some technical problems in obtaining the Madilu kits viz. the beneficiaries referred for complicated deliveries from the government PHCs to the nearby private hospitals due to longer distance to the next referral unit were considered not eligible to receive the kits. In tribal areas in Kodagu district, those employees working in coffee plantations far from home were denied Madilu kits when they returned home after delivery from a different PHC other than the one near their residence. In a few districts problems were encountered in providing a single Madilu kit to twin pregnancies. In 13 districts, there was payment of money by the beneficiaries to obtain the kit. Out of these 5 districts which contributed major share in the money involvement, had very poor supply of kits due to 'out-of stock.' A total of 67 (1.93%) respondents accepted payment of money (Rs.80/-on average) to procure the kit.

The size of few items in the kit like the baby dress (n=322, 8.95%), sweater (n=130, 3.62%), and washing soaps (n=93, 2.59%) were smaller than expected as expressed in 18 districts. The quality of a few items like the Sanitary pads (square cotton cloth with noose) (n=65, 1.8%), Washing soap (n=52, 1.45%), Sweater + cap + socks (n=179, 5%), Plastic bag (kit) (n=252, 7%) rubber sheet, the tooth paste and the linen provided was not of expected standards which people

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anticipated. The brand of items placed in the kit like the tooth paste, soaps, coconut oil and detergents needed a change to the normal brands which people use in day to day life and locally available in 8 districts which were mostly peri-urban areas like Bangalore, Kolar, Bagalkot, Koppal and Mandya. The number of items in the kit especially the baby soap and diapers demanded an increase in number in a few districts like Bangalore rural and Bidar. The people also expected a few items to be added to the kit like slippers (11 districts) for the mother, full body covering sweaters for the baby (4 districts), Dettol antiseptic lotion (3 districts), mosquito nets to be provided irrespective of malaria or dengue endemicity and baby oil. The products considered as most useful by the beneficiaries were the mosquito curtain (72.75 %), carpet (54.73 %), bed sheet (54.7%) and mother's soap (53.58%). The products considered useless by the beneficiaries were mosquito curtain (6.19%), plastic kit bag (4%), Sweater + cap + socks (3.8%), baby dress (3.5%) and comb & coconut oil (3%). The program has penetrated isolated tribal villages like Beduguli in Chamrajnagara district and Balele, Virajpet Taluk in Kodagu district where the kits were provided on time with a good satisfaction from the beneficiaries. Majority of the respondents (73.4%) rated the Madilu program as "useful" (grade 4 on a 5 point Likert scale).

A negative scoring system devised based upon the deviations of the districts from the guidelines of the Madilu program, timeliness, completeness in issue and perceived satisfaction of the beneficiaries about the Madilu kit ranked Mandya as a district with excellent performance (Rank: 1, negative score=16), followed by Chamrajnagara (2, 26), Mysore (3, 52), Uttarkannada (4, 66) and Koppal (5, 70). The least performing district was Raichur (Rank: 30, negative score=429) preceded by Kolar (29, 420), Ramanagar (28, 380) and Bijapur (27, 360).

The major recommendations based on various observations and interviews with the beneficiaries would be to circulate awareness to the PHCs on the necessity to deliver Madilu kits to the deserved beneficiaries, especially in tribal areas, based on local judgement of the

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medical officer/panchayat officers without denial based on non-possession of documents like adhar/BPL card. Segregation and separate pouch for the baby needs and mother needs has to be made as a problem arises in issuing kits to twin deliveries. The cosmetic items for mothers in the kit like soaps, comb, detergents which are speculated most about the quality can be replaced with need-based items like slippers and sanitizers or Dettol antiseptic solution. The sanitary pads for the mother and the diapers for the child supplied in the form of clothes can be replaced by soakable diapers which will keep the skin dry. The size of the sweaters, caps and socks provided for the baby should be increased or made expandable with elasticity or size-adjustable models. The mosquito nets should be provided to all beneficiaries irrespective of malaria/dengue endemicity and should be included within the kit. The size and quality of the linen provided in the kit needs improvement viz. more thick and big sized. The rubber sheet in the kit needs improvement in quality and size. The Madilu kits should include educative materials regarding usage of diapers, handwashing techniques, Kangaroo mother care and breastfeeding practices.

## Introduction

When the National Rural Health Mission was launched during 2005-06 throughout the country, maternal and infant mortality rates were very high in most of the States, including Karnataka. In Karnataka, Maternal Mortality Rate (MMR) was about 228 per one lakh live births and Infant Mortality Rate (IMR) was 63 per thousand live births. A few of the main reasons for this high MMR and IMR at that time was, a high proportion of home deliveries (about 33 %) occurring in Karnataka and health services for pregnant women and children not being available and accessible. It was found that there was lack of equitable distribution of health facilities and services too. Further the then, Mother Child Health (MCH) data across the State was collected, and disaggregated data was analyzed, and it was found that, high out of pocket expenditure for delivery services was one of the main reasons for the Below Poverty Line (BPL), SC and ST pregnant women opting for home deliveries instead of institutional deliveries. It was also found out that the newly delivered mothers, in addition to incurring expenditure during delivery were required to incur appreciable expenditure for buying essential items for themselves and their newborns, which they were not buying or buying as less as possible, as they could ill afford them. To ensure reduction of home deliveries and to promote institutional deliveries, GOK launched the Madilu program which aimed at promoting Institutional deliveries and improvement in MMR and IMR.

### **Log Frame/Project theory**

The Government of Karnataka, to ensure reduction of home deliveries and to promote institutional deliveries, promoted various Programmes to make MCH services available and accessible with equitable distribution of health facilities and health services. Among the various demand generation schemes that are implemented by health department, “Madilu” programme is a very unique programme, which has the potential to drastically improve institutional deliveries, particularly amongst the BPL, SC and ST pregnant women. On 15th September 2007, the Government of Karnataka launched the “Madilu” programme throughout the State, the main objectives of the said programme was to promote institutional deliveries amongst, BPL, SC and ST pregnant women and reduction of MMR and IMR of the State.

“Madilu Kits” are issued to BPL, SC and ST pregnant women who deliver in government hospitals and for first two live births after 48 hours’ stay in the Government hospitals, starting from PHC to Government Hospitals and Medical College Hospitals for normal deliveries and after 5 days’ of stay in cases of Caesarean Section deliveries along with other cash incentives like Janani Suraksha Yojana and Prasoothi Aarake scheme, since 2007-08 under the programme. The pre-condition of issuing Madilu Kits to BPL, SC and ST pregnant women for first only two live births has been relaxed since the middle of 2014-15 in High Priority Districts of Bidar, Kalaburgi, Yadgiri, Koppal, Raichur, Bellary, Gadag, Vijayapura, Bagalkot and Chamrajnagar, and they are being issued to BPL, SC and ST pregnant women for all deliveries. Linen items of the Madilu Kit are procured from Karnataka Handloom Development Corporation (KHDC) and the soap and other items from Karnataka Soaps and Detergents Ltd (KSDL). Government of India bears 50 % of the cost

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of Madilu kits under National Health Mission (NHM), and Karnataka Government bears the balance cost. The unit cost of each kit is Rs. 1374/-.Till 2014-15, 2.39 Lakh beneficiaries have availed the benefit of Madilu Scheme.

### COMPONENTS OF MADILU KIT



Checks Bed Sheet



Jamakhana



Bed Sheet



Towel



Sweater, Socks  
and Cap



Jabla



Rubber Sheets



Abdominal Belt



Sanitary pads for  
mothers



Child Bed sheet



Flannel Bed Sheet



Cotton Diaper



Soaps and Detergents Kit



Mosquito Net

## Progress review

Karnataka is a seventh largest Indian state by area in the south western region comprising of 30 districts covering an area of 191,976 square kilometres (5.83 per cent of the total geographical area of India). With 61,130,704 inhabitants<sup>1</sup>, Karnataka is the eighth largest state by population. It consists of four divisions, 30 districts, 80 sub divisions, 176 sub districts and 29,406 villages.

**Table 1: Health Profile of Karnataka**

	<b>Karnataka</b>	<b>India</b>
Total population (Census 2011, in millions)	61.13	1210.19
Estimated Birth Rate (SRS 2014)	17.5	21.6
Estimated Death Rate (SRS 2014)	7.4	7.1
Total Fertility Rate (SRS 2014)	2.0	2.6
Infant Mortality Rate (SRS 2014)	31	40
Maternal Mortality Rate (SRS 2010-12)	144	178
Sex Ratio (Census 2011)	968	940
Population Below Poverty Line (2004-05)	25%	27.5%
Schedule Caste Population (as % of total)	16.2%	16.2%
Schedule Tribe Population (as % of total)	6.5%	8.2%
Literacy Rate (Census 2011)	75.6%	74.0%
Female Literacy Rate (Census 2011)	68.1%	65.5%

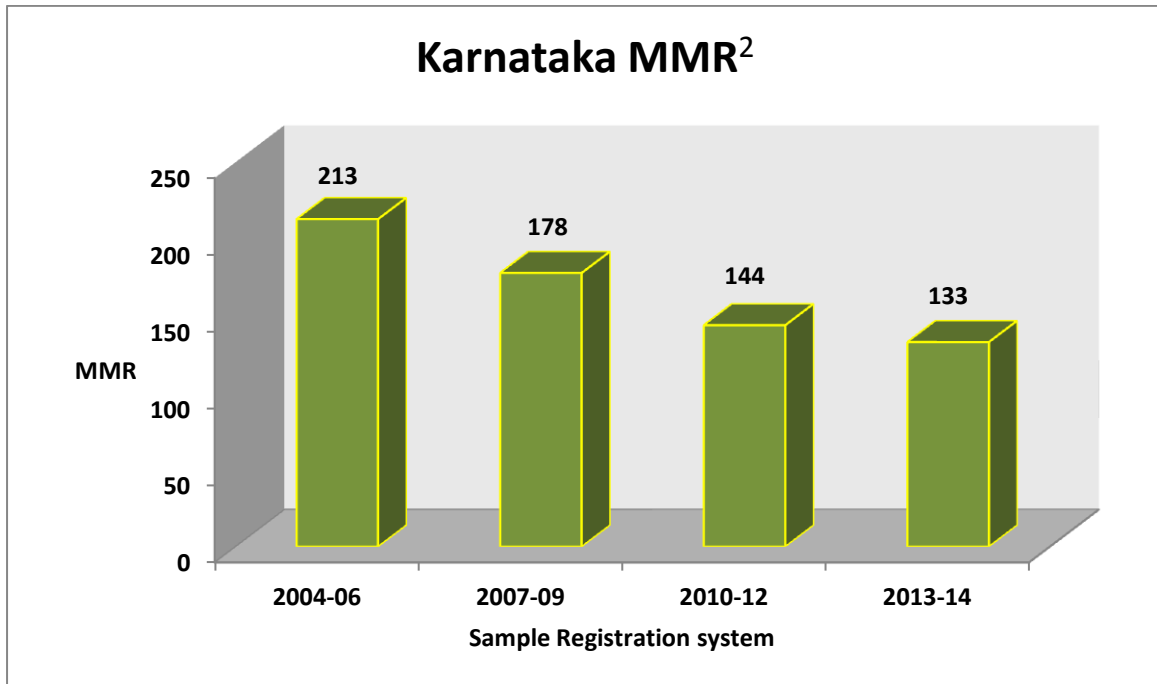
<sup>1</sup>Census 2011

Karnataka is a state where health services are in tune with the Central Government with its performance on most socio-economic and health indicators faring well above the average for the country. The population Below poverty line is one quarters of the entire population needing the better reach of health programmes in the State along with focussed interventions.



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Maternal and Child health services have been in a steeping improvement phase in the past years evident from the significant improvements in maternal and child health indicators achieved over the last decade. Karnataka has shown a well ahead improvement with regards to Infant Mortality Rate, Maternal mortality rate and percentage of Institutional deliveries in comparison to the National average.



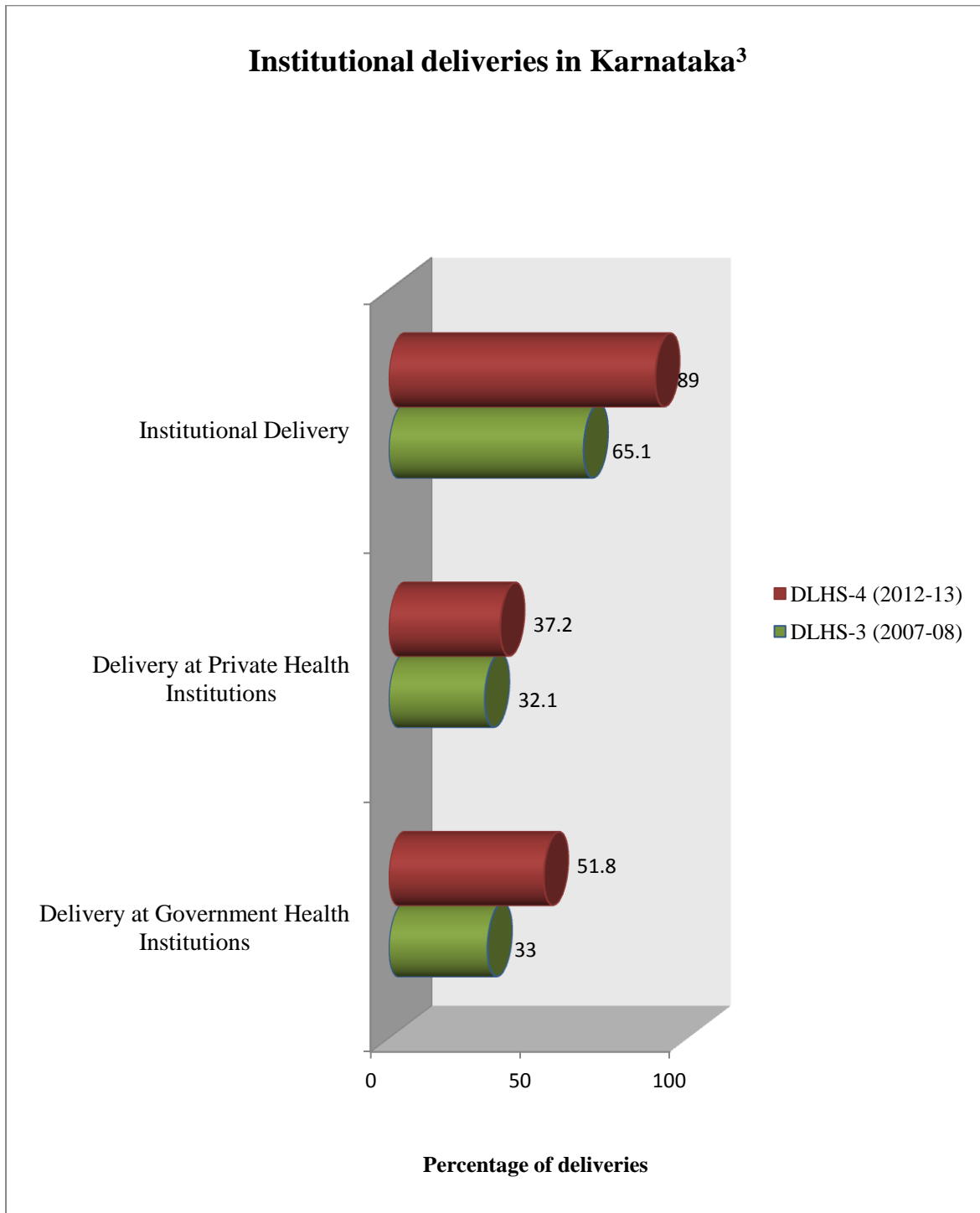
The reduction in MMR follows a decline since 2005, the time where Madilu scheme was at its inception stage and till now where there is significant improvement in the functioning and reach of the Madilu scheme in Karnataka. The Government has restricted the benefits of Madilu scheme till first two institutional deliveries till late 2011 when it was relaxed to all deliveries which has still improved the program in terms of achieving its objectives. Maternal mortality rate is influenced by various factors of which the institutional care and safety remains a cornerstone.

<sup>2</sup> Sample Registration System, NHM, MoHFW, Government Of India

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This improvement in institutional care can be achieved only by improvement of facilities in the government sector for obstetric care and a well-planned post-natal care as in the case of providing Madilu kits to the beneficiaries. Hence the Government of Karnataka has taken efforts through provision of Madilu kits for post-natal care at home by letting flourish a well targeted Madilu Scheme since 15th September 2007 with the main objectives of promoting institutional deliveries amongst, BPL, SC and ST pregnant women and thereby reduction of MMR and IMR in the State.

Improvement in Institutional deliveries: DLHS



<sup>3</sup> District Level Health Survey-4, Ministry of Health and Family Welfare, Govt. of Karnataka

## Problem statement

There has been a marked reduction in MMR and IMR in Karnataka in past 5 years but it has not been in par with the improvement in the number of institutional deliveries conducted in Government hospitals. Still 50% of the deliveries anticipated to happen in the Government hospitals do not reach because of various reasons. There has been an increase in institutional deliveries conducted in the Government from 33% to 51.2% (SRS). But there is still a lacuna in the Government system to motivate institutional deliveries.

**Table 2: The status of Institutional deliveries in Karnataka<sup>4</sup>[CRS—2011]**

Disctrict	Institutional deliveries		Total
	Government	Private	
Bagalkot	3696	2521	6300
Bangalore urban	67569	70672	139063
Bangalore rural	2201	795	3293
Belgaum	10190	8980	19402
Bellary	6170	4285	12409
Bidar	7515	3291	11238
Bijapur	4811	11339	16757
Chikkamagalur	2782	2345	5137
Chitradurga	6326	3510	9901
Dakshina Kannada	8491	7121	15674
Davangere	14191	6935	21192
Dharwad	21531	9048	31107
Gadag	3786	3545	7575
Gulbarga	6737	3592	10871
Hassan	9542	2850	12416
Haveri	2218	3493	6069
Kodagu	1772	3005	4849
Kolar	6499	1937	8805
Koppal	3156	1892	5773
Mandya	7720	3026	10788
Mysore	8439	22495	31040
Raichur	5659	4204	10245
Shimoga	9367	4993	14750
Tumkur	6718	6123	13097
Udupi	1998	5105	7104
Uttar Kannada	2939	2366	6496
<b>RURAL</b>	<b>191897</b>	<b>31553</b>	<b>340397</b>
<b>URBAN</b>	<b>445041</b>	<b>296365</b>	<b>768165</b>
<b>TOTAL</b>	<b>636938</b>	<b>327918</b>	<b>1108562</b>

<sup>4</sup>Source: GOK, Annual report on the registration of births and deaths act, 1969

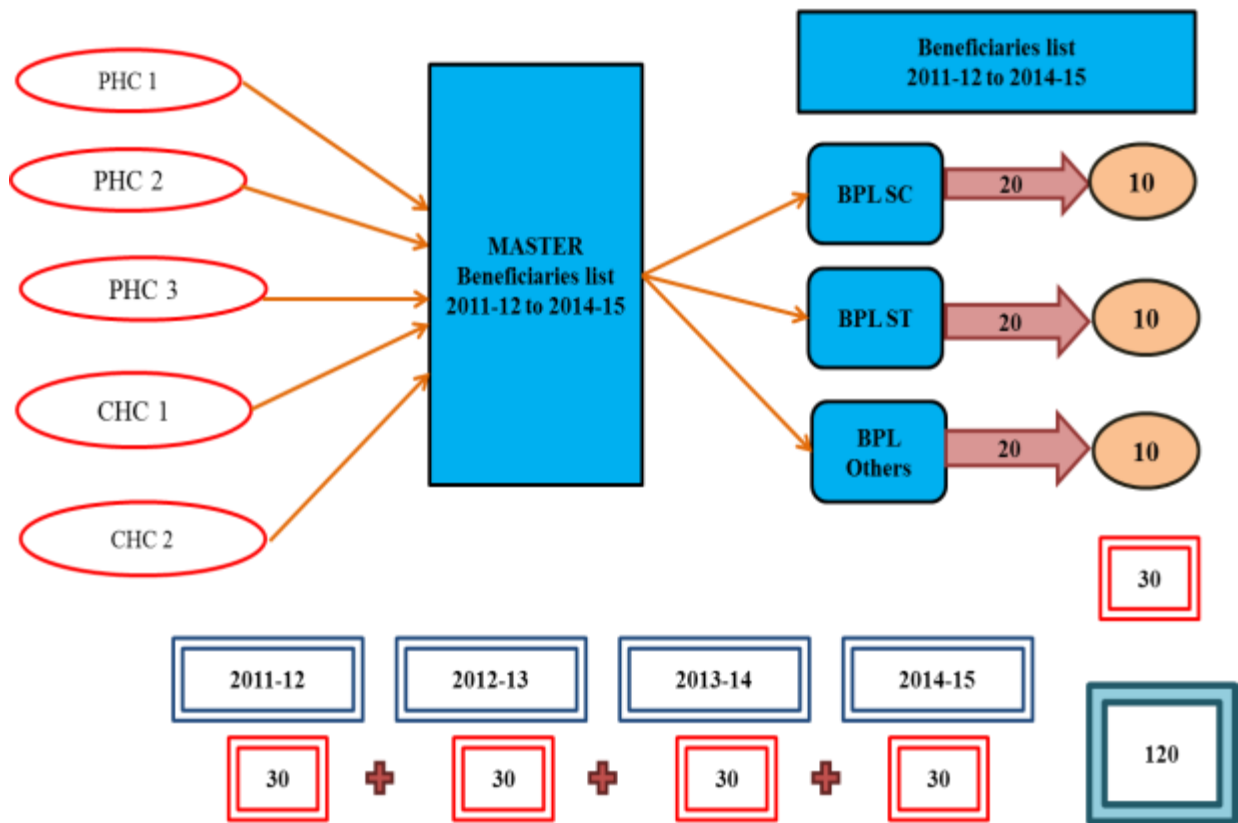
## Objectives of the Evaluation

- a. To know whether all the BPL, SC and ST pregnant women who deliver in Government Hospitals are receiving “*MadiluKits*” as per the programme guidelines.
- b. To know whether “*Madilu*” programme has been motivating BPL,SC and ST pregnant women to deliver in Government Health Institutions.
- c. To know whether the target population, like pregnant women and mothers as well as their family members are aware of *Madilu* Programme
- d. To know whether “*Madilu kits*” containing all 19 items are distributed to eligible pregnant women within the prescribed time after delivery.
- e. To know whether the implementation of Madilu Programme has led to appreciable increase of institutional deliveries and reduction in Maternal and infant deaths.
- f. To know whether the items constituting the “*Madilukit*” are useful and of good quality. Does the kit need any local/specific change?
- g. Has the programme reached the isolated and remote villages inhabiting very poor people and/ or primitive tribes who need to be covered under the programme first?

**EVALUATION DESIGN**

The evaluation was conducted for a period of 6 months in 30 districts of Karnataka by selecting beneficiaries by a random cluster sampling technique. Three PHCs and Two CHCs were selected in each district. Under each PHC/CHC at least 10 beneficiaries under each category viz. BPL SC, ST, others were selected and interviewed. The hospital data was collected from the PHC/CHC records and Staffs.

**Schematic representation of sampling**



**KARNATAKA STATE (ALL SELECTED TALUKS)**

## Evaluation Methodology

Karnataka Evaluation Authority (KEA) with the support from the Health & Family Department, Government of Karnataka, undertook a State-wide evaluation of the Madilu Scheme of Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane in all 30 districts of Karnataka from November 2015 to February 2016. The evaluation focussed on obtaining authentic information and perception about the Madilu scheme from its beneficiaries and assessed the impact in terms of improvement in institutional deliveries in Government hospitals.

In each district, the interviewers approached the district hospitals and collected the list of Taluk hospitals, CHCs, PHCs and the population catered by the respective health centres.

Two Taluks were selected randomly from the list of Taluks inside each district. The Taluk hospitals (or CHC. 24x7 PHC in the absence of Taluk hospital) were visited by the interviewers and hospital data was collected as per **hospital data form [Annexure 1]**.

From the selected Taluks, Three PHCs were selected by systematic random sampling. (By listing the PHCs as per District PHC list and then calculating sampling interval  $k = \text{no. of PHCs}/3$ . Then every  $k^{\text{th}}$  PHC was selected.)

The interviewers then visited the corresponding selected PHCs.

**DATA COLLECTION AND ANALYSIS**

During the visit to the PHC/CHC:

A] The **hospital data form [Annexure 1]** was filled.

B] The interview with head of the hospital was conducted

C] Permission for conducting survey was obtained

D] Interviews with the ASHAs, ANMs and Staff nurses were conducted.

E] The list of Madilu beneficiaries [3 lists (BPL ST SC OTHERS)] under each PHC/CHC was obtained.

The interviewer then incorporated the lists of beneficiaries [3 lists (BPL ST SC OTHERS)] obtained from each of the selected PHC/CHCs and arranged them in Alphabetical order and created three master lists [3 district lists (BPL ST SC OTHERS)] for the district.

From each of the 3 master lists, 20 beneficiaries were chosen by systematic random sampling. Viz: calculating sampling interval  $k = \text{no. of beneficiaries in the master list} / 20$ . And every  $k^{\text{th}}$  beneficiary from the list was selected.

The investigator then listed down the number of randomly selected beneficiaries falling under each PHC/CHC and traced them by visiting each beneficiary and obtaining data by interviewing atleast 10 beneficiaries under each category viz BPL SC, ST, Others as per **Beneficiaries data collection form. [Annexure 2]**



The investigator selected some Co-operative, out spoken beneficiaries, ready to give consent for participation (10-20 in number) in each of the PHC/CHC areas for focus group discussions. So total of 20 FGDs were proposed to be conducted in each district (8 in CHC/Taluk and 12 in PHC) and the number of repeated FGDs in each area was decided based on the **FGD protocol for Beneficiaries. [Annexure 3]**. The numbers of FGDs conducted were based on availability of beneficiaries and saturation of content. Where enough number of beneficiaries was not gatherable, mixed group FGDs were conducted and transcribed. Later a content analysis was done after translation of the transcripts into English and common thematic ideas were coded.

A scoring system to rank the performance of Madilu scheme district wise/ hospital wise was developed based on negative scoring for every deviation from the program norms as per **Negative Scoring system [Annexure 4]**.

Data entry and analysis were done using Microsoft EXCEL version 2010. Data is presented as proportions and percentages. Graphical representation is used for trend analysis.

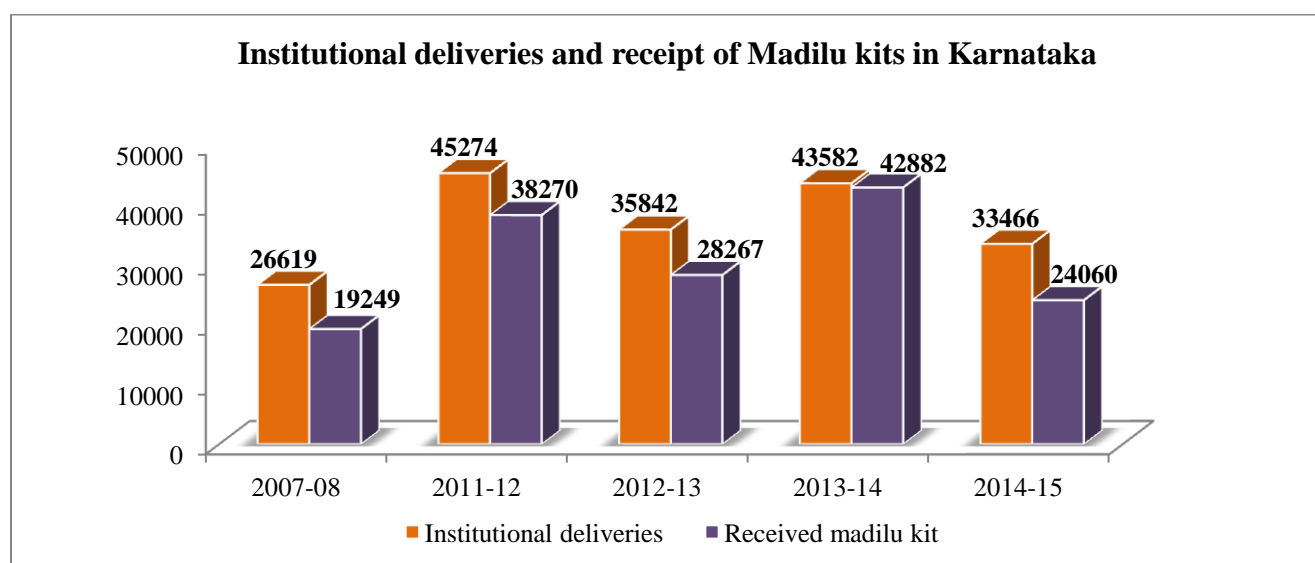
## FINDINGS AND DISCUSSION

Karnataka is a state comprising of 30 districts and a well-developed health infrastructure [Table 1]. Among all the 30 districts, 60 Talukas were selected for the study, under which 90 Primary health centres were surveyed. The list of the Talukas and PHCs selected for sampling is given under **Annexure 5**.

**Table 1: Health Infrastructure of Karnataka state**

Number of Taluk hospitals/CHCs	270
Total number of Sub-district Hospitals	675
Total number of Primary Health Centres	2133
Total number of sub-centres	9311

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in the PHC areas selected for sampling (Hospital Data)**



The hospital data collected from the Taluk hospitals and PHCs selected for the evaluation shows that there is a definite improvement in the number of institutional deliveries after the period of start of Madilu scheme (2011 onwards) when comparing the situation during 2007-08 in these selected areas. But during the past 5 years, the number of institutional deliveries followed a crescendo pattern with a fall in 2012-13 then a rise in 2013-14 with a subsequent significant decline in the present year (2014-15).

It can be observed from the graph [Graph 1] that during the times when there was a fall in institutional deliveries, there was a reduction in the supply of Madilu kits to the beneficiaries. Though there are various other factors which can influence the fall and rise in institutional deliveries like preference towards delivery in private hospitals, transit to other states for delivery, lack of infrastructure/ manpower to conduct deliveries, etc., there exists a correlation between the supply of Madilu kits and variations in the frequency of institutional deliveries in the evaluation study.

**Respondent Characteristics:**

**Table 2: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	1096	750	1656	3502
<b>Mean age ± SD</b>	23.19 ± 2.81	23.31 ± 3.86	23.40 ± 3.07	23.32± 3.17
<b>Monthly income (mean)</b>	4863	5052	5092	5012
<b>Average family size</b>	5.35	5.34	5.43	5.38
<b>Education status</b>				
<b>Literate</b>	89.78	88.40	93.00	91.01

<b>Illiterate</b>	10.22	11.60	7.00	8.99
<b>Socio-economic status</b>				
<b>Class I</b>	2(0.2)	3(0.4)	5(0.3)	10(0.3)
<b>Class II</b>	19(1.7)	20(2.7)	52(3.1)	91(2.6)
<b>Class III</b>	162(14.8)	129(17.2)	207(12.5)	498(14.2)
<b>Class IV</b>	409(37.3)	244(32.5)	674(40.7)	1327(37.9)
<b>Class V</b>	486(44.3)	333(44.4)	697(42.1)	1516(43.3)
<b>No Information</b>	18(1.6)	21(2.8)	21(1.3)	60(1.7)

A total of 3502 respondents were reached and interviewed in the study (as against the 3600 samples planned to be collected) as the number of BPL-ST category respondents traceable during the data collection were less (n=750) [Graph 2]. Most of the participants young mothers (mean age=23 years) belonging to various caste categories (BPL SC, BPL ST and BPL others). Majority of the respondents were literates (91%) and belonging to upper socio-economic class (81.2%).

Graph 2: Year wise and caste wise distribution of respondents in Karnataka

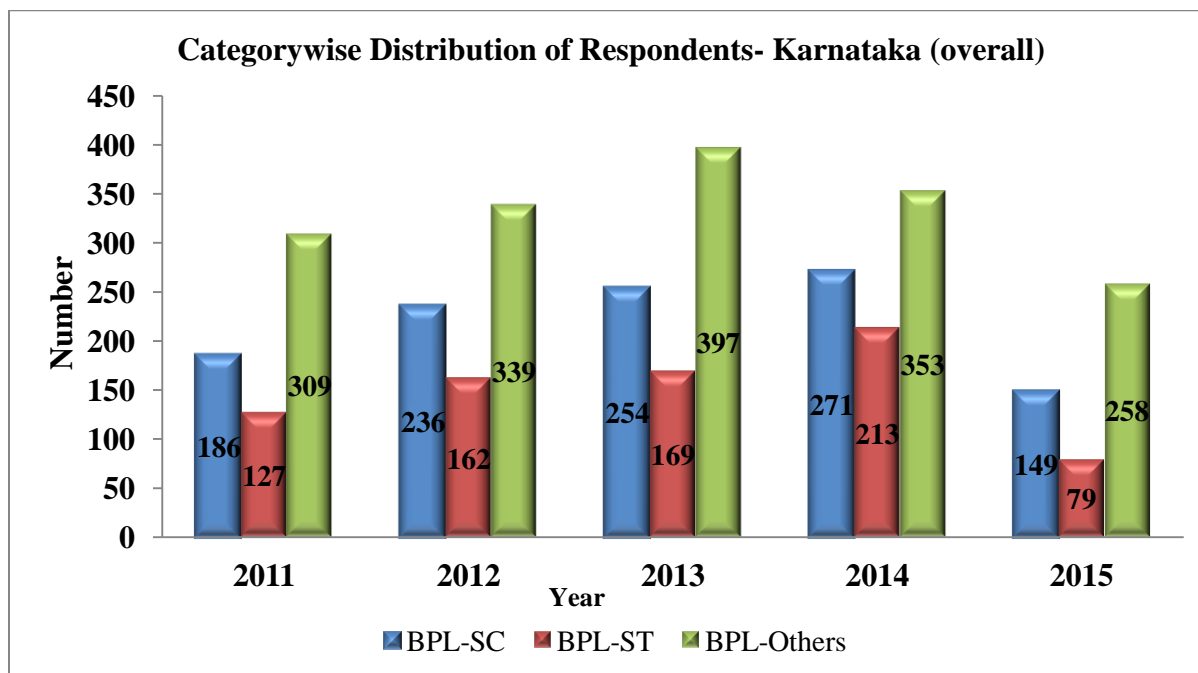


Table 3: Items missing in the Madilu kit as per the respondents

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	1904	52.95
2	Carpet (Medium size)	13	0.36
3	Bed Sheet (Medium)	0	0.00
4	Thick Covering sheet for mother	2	0.06
5	Soap –mother	0	0.00
6	Washing soap	2	0.06
7	Cloth for tying around stomach - mother	1	0.03
8	Sanitary pads (square cotton cloth with noose)	5	0.14
9	Comb and coconut oil - mother	1	0.03
10	Towel - mother	1	0.03
11	Tooth paste and brush - mother	3	0.08
12	Rubber sheet + bed sheet - child	5	0.14

13	Cover for child	4	0.11
14	Soap – child	1	0.03
15	Rubber sheet – child	1	0.03
16	Diaper - child	2	0.06
17	Baby shirt - child	1	0.03
18	Sweater + cap + socks	1	0.03
19	Plastic bag (kit)	1	0.03

Mosquito nets were not included as part of the kit and were supplied separately in dengue endemic areas as per programme guidelines. But in more than half (53%) of the studied areas, mosquito nets were not supplied at all or supplied very late due to ‘stock-out’. The Madilu kit comes in a sealed plastic kit bag and opened only in front of the beneficiary which is a reason why it is not possible for the items other than mosquito net to go missing. The study results revealed that items other than mosquito nets went missing on 44 (1.25% of kits) occasions.

**Table 4: Respondent perception about the quality of each item in the Madilu kit**

Sl. no	Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	8	0.22	5	0.14	19	0.53
2	Carpet (Medium size)	39	1.08	24	0.67	205	5.70
3	Bed Sheet (Medium)	17	0.47	18	0.50	85	2.36
4	Thick Covering sheet for mother	53	1.47	34	0.95	12	0.33
5	Soap –mother	8	0.22	31	0.86	29	0.81
6	Washing soap	93	2.59	52	1.45	15	0.42
7	Cloth for tying around stomach	20	0.56	4	0.11	13	0.36
8	Sanitary pads	57	1.59	65	1.81	10	0.28

9	Comb and coconut oil - mother	37	1.03	17	0.47	7	0.19
10	Towel - mother	2	0.06	4	0.11	1	0.03
11	Tooth paste and brush - mother	0	0.00	2	0.06	2	0.06
12	Rubber sheet + bed sheet	16	0.44	28	0.78	10	0.28
13	Cover for child	32	0.89	70	1.95	9	0.25
14	Soap – child	26	0.72	32	0.89	6	0.17
15	Rubber sheet – child	12	0.33	28	0.78	2	0.06
16	Diaper - child	36	1.00	37	1.03	60	1.67
17	Baby shirt - child	322	8.95	20	0.56	30	0.83
18	Sweater + cap + socks	130	3.62	179	4.98	172	4.78
19	Plastic bag (kit)	1	0.03	252	7.01	65	1.81

The Sweater + cap + socks (13.38%), the baby dresses (10.34%), the Madilu plastic kit bag (8.85%) and carpet (7.45%) were the materials most speculated about the size, shape and quality by the respondents. This was followed by the washing soaps (4.46%), child diapers (3.7%), sanitary pads (3.68%) and bed sheet (3%).

The sweater along with the socks and cap for the baby was found to be a product very much dissatisfying to the respondents as it is evident from the group discussions that the size of the sweaters is very small, designed for providing warmth to the new born. But when there is a delay in supply of the kit, the sweaters become too small sized for the baby.

The plastic kit bag was felt as a one-time use product and useless further. The carpet and bed sheets provided in the kit were very thin and not resisting cold as expected by the beneficiaries. The soaps and cosmetics supplied in the kit were found products of less use as the brand supplied in the kit was not a locally available one for further continuous purchase and usage after it gets over.

**Table 5: Mode of delivery- overall Karnataka state respondents (n=3502)**

<b>Normal (Vaginal)</b>	<b>Caesarean (%)</b>	<b>Instrumental (%)</b>	<b>Total (%)</b>
3425 (97.8)	63 (1.8)	14 (0.4)	3502 (100)

Among the respondents majority delivered via normal vaginal route while those who delivered by caesarean sections and instrumental methods were very less and most of them were conducted in CHCs/Taluk hospitals.

**Table 6: Time of receipt of Madilu kit and cash assistance by respondents**

<b>Within 48 hrs (%)</b>	<b>48 hrs. &amp; above (%)</b>	<b>Total</b>
1283 (36.64)	2219 (63.36)	3502 (100)

The delay in delivery of the Madilu kits is the greatest hindrance to the program. Although the items in the kit were found useful, they become useless by the delay in supply. The baby dresses, sweaters and covering cloths become small sized due to the delay in the supply of the kit which is the reason why these materials are mentioned as useless during the survey.

**Table 7: Payment of money for receipt of Madilu kit by Bangalore Urban respondents**

<b>Free (%)</b>	<b>On Payment (%)</b>	<b>Total (%)*</b>	<b>Average Money Paid (Rs)</b>
3403(98.07)	67(1.93)	3470(100)	80



\*Not all the beneficiaries were willing to answer this question. The above table calculates % based upon the no. of respondents willing to respond.

Among the respondents, 2% (n=67) paid money either to the staff or some middleman to receive the Madilu kit. The people who did not receive the kit along with the JSY/PA money were the ones who paid money to receive the kit. The delay in supply of the kits along with the delay in the JSY/PA money is an added stimulant for the involvement of money for purchase of the kit.

**Table 8: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no	Items	Very Useful		Useful		Useless		Total
		N0.	%*	N0.	%*	N0.	%*	
1	Mosquito curtain (mother)	905	72.75	262	21.06	77	6.19	1244
2	Carpet (Medium size)	1533	54.73	1183	42.23	85	3.03	2801
3	Bed Sheet (Medium)	1553	54.70	1210	42.62	76	2.68	2839
4	Thick Covering sheet for mother	1486	52.43	1283	45.27	65	2.29	2834
5	Soap –mother	1536	53.58	1273	44.40	58	2.02	2867
6	Washing soap	1457	51.02	1343	47.02	56	1.96	2856
7	Cloth for tying around stomach - mother	1271	44.64	1502	52.76	74	2.60	2847
8	Sanitary pads (square cotton cloth with noose)	1365	47.96	1404	49.33	77	2.71	2846
9	Comb and coconut oil - mother	1265	44.46	1499	52.69	81	2.85	2845
10	Towel - mother	1385	48.85	1385	48.85	65	2.29	2835
11	Tooth paste and brush - mother	1358	46.94	1472	50.88	63	2.18	2893
12	Rubber sheet + bed sheet - child	1374	48.38	1391	48.98	75	2.64	2840
13	Cover for child	1317	46.89	1442	51.33	50	1.78	2809
14	Soap – child	1320	46.43	1462	51.42	61	2.15	2843
15	Rubber sheet – child	1284	45.65	1464	52.04	65	2.31	2813

16	Diaper - child	1331	47.27	1425	50.60	60	2.13	2816
17	Baby shirt - child	1277	45.57	1427	50.93	98	3.50	2802
18	Sweater + cap + socks	1485	52.23	1249	43.93	109	3.83	2843
19	Plastic bag (kit)	994	35.63	1684	60.36	112	4.01	2790

\*Not all the beneficiaries were willing to answer this question on usefulness. The above table calculates % based upon the no. of respondents willing to opine which varies for each item

The products considered as most useful by the beneficiaries were the mosquito curtain (72.75 %), carpet (54.73 %), bed sheet (54.7%) and mother’s soap (53.58%).

The products considered useless by the beneficiaries were mosquito curtain (6.19%), plastic kit bag (4%), Sweater + cap + socks (3.8%), baby dress (3.5%) and comb & coconut oil (3%).

The mosquito curtain has been quoted as the most useful and useless at the same time. This clearly shows that the mosquito nets being supplied separate from the kit has created a mixed impact about its usefulness in the beneficiary’s perception. Some respondents who did not receive the mosquito curtains still feel it is a useful product but they felt that the idea of not including it in the kit is the problem. The soaps and cosmetics were quoted as useless inclusions as they are short lasting.

**Table 9: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Lees Useful	Neutral	Useful	Very Useful	Total
2011	2(0.52)	29(7.57)	2(0.52)	300(78.33)	50(13.05)	383(100.00)
2012	0(0.00)	30(6.42)	0(0.00)	355(76.02)	82(17.56)	467(100.00)
2013	2(0.39)	34(6.64)	3(0.59)	378(73.83)	95(18.55)	512(100.00)
2014	5(0.97)	28(5.41)	1(0.19)	366(70.66)	118(22.78)	518(100.00)
2015	1(0.28)	7(1.99)	0(0.00)	239(67.90)	105(29.83)	352(100.00)
<b>Total</b>	<b>10(0.45)</b>	<b>128(5.73)</b>	<b>6(0.27)</b>	<b>1638(73.39)</b>	<b>450(20.16)</b>	<b>2232(100.00)</b>

\*Not all the beneficiaries were willing to answer this question. The above table calculates % based upon the no. of respondents willing to respond.

Majority of the respondents (73.4%) rated the Madilu program as “useful”

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in the areas selected for sampling in Karnataka:**

The focus group discussions conducted among different categories of beneficiaries, staffs, doctors and the subsequent outputs were coded under the following major thematic domains:

1. Selection criteria for Madilu kit supply
2. Receipt of the Madilu kits- timeliness and completeness.
3. Quality of the products in the kit
4. Usefulness of the Madilu kit products and cash benefit
5. Suggestions for improvement

### **Selection criteria for Madilu kit supply:**

The Madilu kits were supplied for all BPL mothers with submission of proper documents to support their eligibility. There were a few instances where the beneficiaries were denied the kit because of non-possession of the required documents.

In Torna Taluk of Bidar, the beneficiaries who were referred for complicated deliveries were considered not eligible for receipt of the Madilu kit. ANMs and ASHAS detailed that *“the beneficiaries who were referred from PHC for complicated deliveries were not provided kits because they were not eligible. They actually deserve it as we had only referred them to a private institution and they did not go on their own wish”*

The JSY/PA money was not received in some districts because of confusion in the account numbers. Another participant in Bidar said *“I dint get the JSY/PA amount as there was confusion with the account number”*

The medical officers of the PHCs paved a very important path in the timely supply of the Madilu kits. In Chikballapur, ANMs and ASHAs stated that the kit was provided promptly as they could were given proper instructions from the medical officer at the centres. The ANM stated *“we have supplied the Madilu kit to most of the mothers as it is their rights to receive it on time as mentioned by our medical officer.”*

Madilu kits are issued on provision of required documents which are seldom possessed by the beneficiaries residing in hard to reach tribal areas. Hence they who deserve the help of the Madilu scheme the most are left behind helpless. This was highlighted by one ASHA worker from Aminabhavi, Dharwad who said that *“the mothers from the tribal areas who really deserve to get the Madilu kit are not receiving it because of not possessing documents like Thai card.”*

### **Delay in supply of the Madilu kit**

In 18 districts, there was an “out of stock” problem as mentioned by the beneficiaries.

The ANMs and ASHA workers were expressing their inability to supply kits at the right time due to ‘stock outs.’ One ASHA worker said *“the kits are supposed to be useful immediately after the delivery, but the time it reached the mother it is often too late that many things go useless for example the baby dresses and sweaters. The rubber sheet becomes worn out”*

There was a delay in the provision of Madilu kits and JSY/PA money for almost all the interviewed beneficiaries in Gulbarga district. One of the beneficiaries (2103-14) said *“I neither got the Madilu kit nor the JSY/PA amount in the right time. We had to borrow money to meet delivery expenses. Madilu kit was given to me after two months as it was out of stock when my baby was born”*

In Srimangala, Kodagu district, there is a delay of 3-4 months in the issue of the Madilu kits to the beneficiaries as they are residential employees in coffee plantations away from the locality. A participant quoted *“I’m not granted permission to come home often. Only 4 months later after my delivery I came to obtain the kit which was not given to me as I had given birth to my child in a government hospital near the coffee plantation I work for.”*

### **Usefulness of the Madilu kit products and JSY/PA cash benefit**

In 22 out of the 30 districts, there was a delay in issue of JSY/PA money to the beneficiaries. Hence most of the beneficiaries use the money for purposes other than the delivery expenses.

One respondent from Aminabhavi, Dharwad, on probing about the utilization of JSY/PA money told with ease *“I used that money to buy household stuffs as it was given long after my delivery”*

The delay in the supply of the kit makes many materials in the kit go useless.

This was mentioned by a beneficiary (2012-13) in Hassan, as *“the mosquito nets were never given to us though we lodge many mosquitoes in our locality. The kit was also given very late that the grown up kid wouldn’t fit into the dresses”*

In 10 districts, there was a bad opinion about the sanitary pads provided. People wanted a soakable pad and not cloth. *“We need sanitary pads and not cloths”* said a mother in kundgol, Dharwad.

## **Satisfaction about the program**

In some districts like Belgaum, Chamrajnagar, Mandya, Mysore, Uttarakannada and Koppal, the respondents were very much satisfied with the issue of the Madilu kit and overall with the Madilu scheme. One participant in Beduguli, Chamrajnagar said *“I am so happy that the government has given us this kit as we will not be able to pay for all these items like bed sheet, mosquito nets from our pockets”*

In Srinivasapura, Kolar district, the beneficiaries were more satisfied with the linen supplied in the kit especially the bed sheet and cover which was mentioned by a beneficiary (2012-13) viz: *“We belong to a poor economic background family and it is difficult to afford to buy these materials in our meagre income.”*

## **Impact of the program**

In Jewergi, Gulbarga, the ANMs and ASHAs made their point very clear that *“the success of the program is seen with the improvement in deliveries being conducted in the PHCs nowadays. But the out-of-stock problem is a major hindrance to the program”*

## **Quality of products in the kit**

In Channarayapatna Taluk of Hassan district, there was a problem with the brand of soaps and daily use products supplied in the kit. One (2013-14) beneficiary said *“Change the brand of the detergent soap supplied in the kit. I am getting allergic rashes in my hand after washing with this MDC detergent. Change it to RIN or WHEEL Soap instead”*

In Virajpet (Balele), Kodagu district, the size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female

participant (2014-15) who said *“the sweater, cap and socks are too small that it is even difficult to make the child body enter.”*

In Annur, Mysore, one female participant aged 22 years frowned and vigorously made her point saying *“The cap given by the government for my kid doesn't fit his head. It is very small. It is made of woollen material and hence the elastic capacity is less. Change it into cotton cap with elastic borders”*

In Sira, Tumkur, one respondent (2013-14) made a demand *“I am not using the abdominal cloth provided in the kit. Such things are easily available. We need better quality cloth and not easily tearable and colour fading clothes as supplied by the government”*

In Supa (Kumbarwada), Uttarkannada district, some participants gave a useful suggestion that antiseptic lotions like Dettol can be included in the kit.

One participant said *“the coconut oil smells too bad and useless. It's better to supply Dettol solution in the kit which will help us to wash the baby stuffs”*

### **Suggestions for improvement**

In Supa (Kumbarwada), Uttarkannada district, some participants gave a useful suggestion that antiseptic lotions like Dettol can be included in the kit.

In Castlerock, Uttarkannada district, the respondents mentioned that the kit bag used for holding the materials needs to be changed to a better quality one for domestic usage as it cannot be used for any other purpose other than holding the kit materials. One participant said *“the bag can be modified to a travel bag as we cannot afford to buy a travel bag or suitcase of that size”*

In 10 districts including Bidar, Bijapur, Chikkamagalur, Dakshin Kannada, Dharwad, Gadag, Gulbarga, Kolar, Shimoga and Yadgiri the respondents wanted the kit to include slippers for the mother as they feel it is most important to maintain their personal hygiene.

One participant in Puttur Taluk, Dakshin Kannada district, One participant said “*We don't have any use of the abdomen cord to tie around which can be replaced with slippers for walking*”



## DISTRICT-WISE EVALUATION REPORT

### BAGALKOT DISTRICT

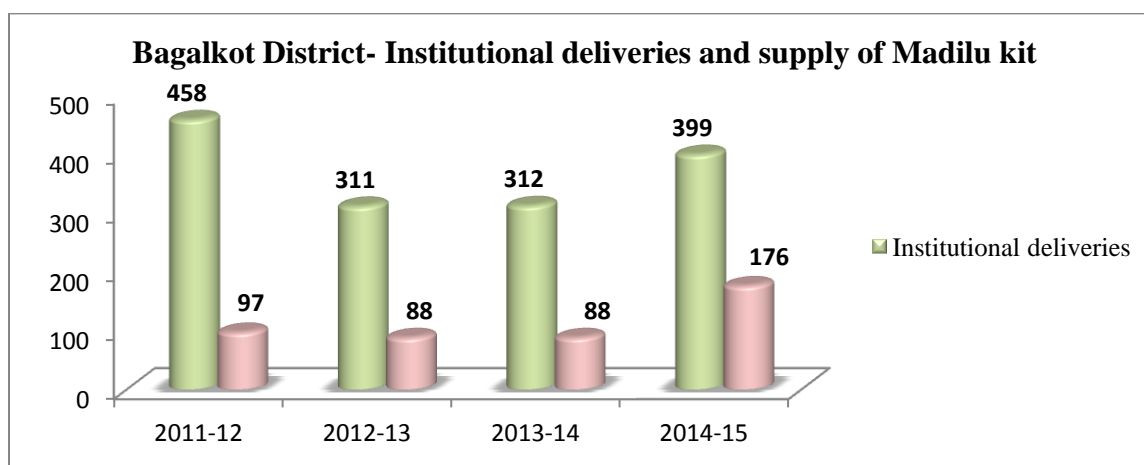
**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	24
Total number of Primary Health Centres	47
Total number of sub-centres	233

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Badami	Kaknur (24X7)
Jamakhandi	Pattdakal (24X7)
	Savalagi (24X7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bagalkot (Hospital Data)**



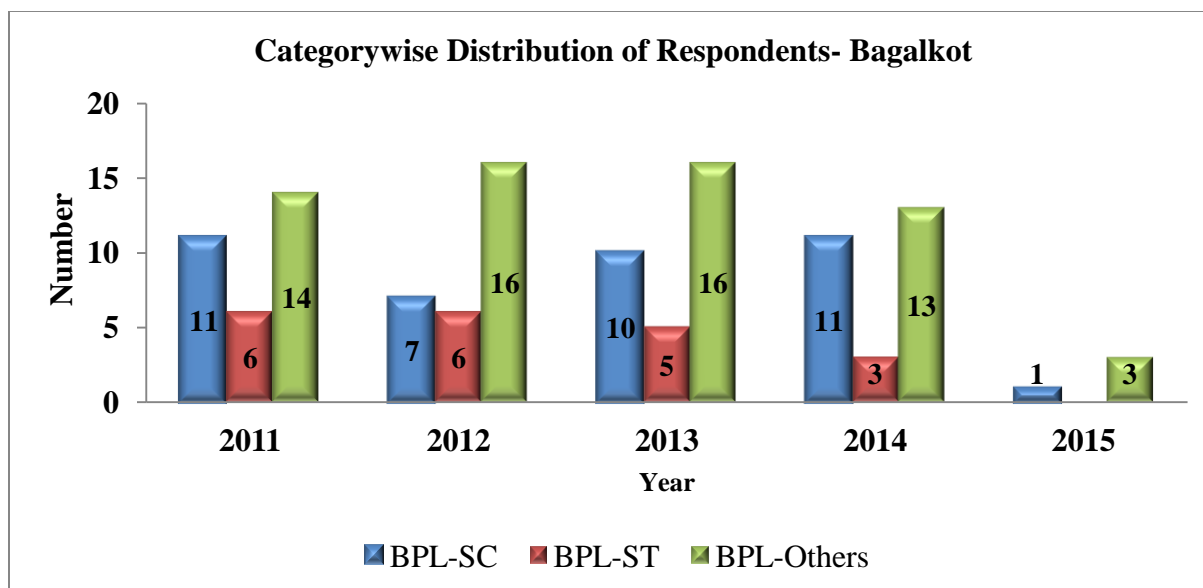
There was considerable drop in the number of Institutional deliveries since 2012 but has shown a considerable improvement in the year 2014-15. The supply of Madilu kit has also improved in the year 2015.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	40	20	62	122
<b>Mean age <math>\pm</math> SD</b>	23.61 $\pm$ 3.25	23.75 $\pm$ 3.24	22.32 $\pm$ 3.21	22.42 $\pm$ 3.21
<b>Monthly income (mean)</b>	5719	5526	5571	5613
<b>Average family size</b>	6.08	5.89	6.42	6.22
<b>Education status</b>				
<b>Literate</b>	100.00	100.00	100.00	100.00
<b>Illiterate</b>	0.00	0.00	0.00	0.00
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	1(2.5)	1(5.0)	3(4.8)	5(4.1)
<b>Class IV</b>	26(65.0)	10(50.0)	32(51.6)	68(55.7)
<b>Class V</b>	11(27.5)	7(35.0)	23(37.1)	41(33.6)
<b>No Information</b>	2(5.0)	2(10.0)	4(6.5)	8(6.6)

**Graph 2: Year wise and caste wise distribution of respondents in Bagalkot district**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	39	31.96
12	Rubber sheet + bed sheet - child	2	1.64
13	Cover for child	1	0.82

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item. No	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet for mother	3	2.46	0	0.00	1	0.82
15	Rubber sheet – child	1	0.82	0	0.00	0	0.00
17	Baby shirt - child	1	0.82	0	0.00	1	0.82
18	Sweater + cap + socks	18	14.75	0	0.00	7	5.74
19	Plastic bag (kit)	0	0.00	0	0.00	22	18.03

**Table 6: Mode of delivery- Bagalkot respondents (n=122)**

Normal (Vaginal)	Caesarean	Instrumental	Total
121(99.18)	1(0.82)	0(0.00)	122(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by Bagalkot respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
72(59.02)	50(40.98)	122(100)

**Table 8: Payment of money for receipt of Madilu kit by Bagalkot respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
177(95.90)	5(4.10)	122(100)	50

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	83	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	120	98.36	2	1.64	0	0.00
3	Bed Sheet (Medium)	119	97.54	3	2.46	0	0.00
4	Thick Covering sheet for mother	118	96.72	3	2.46	1	0.82
5	Soap –mother	110	90.16	12	9.84	0	0.00
6	Washing soap	106	86.89	16	13.11	0	0.00
7	Cloth for tying around stomach - mother	88	72.13	34	27.87	0	0.00

8	Sanitary pads (square cotton cloth with noose)	70	57.38	52	42.62	0	0.00
9	Comb and coconut oil - mother	73	59.84	49	40.16	0	0.00
10	Towel - mother	73	59.84	49	40.16	0	0.00
11	Tooth paste and brush - mother	67	54.92	55	45.08	0	0.00
12	Rubber sheet + bed sheet - child	67	54.92	55	45.08	0	0.00
13	Cover for child	62	50.82	60	49.18	0	0.00
14	Soap – child	58	47.54	64	52.46	0	0.00
15	Rubber sheet – child	57	46.72	65	53.28	0	0.00
16	Diaper - child	49	40.16	73	59.84	0	0.00
17	Baby shirt - child	45	36.89	77	63.11	0	0.00
18	Sweater + cap + socks	42	34.43	80	65.57	0	0.00
19	Plastic bag (kit)	11	9.02	110	90.16	1	0.82

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	29(93.55)	0(0.00)	2(6.45)	0(0.00)	31 (100)
<b>2012</b>	0(0.00)	28(96.55)	0(0.00)	1(3.45)	0(0.00)	29 (100)
<b>2013</b>	0(0.00)	30(96.77)	0(0.00)	1(3.23)	0(0.00)	31 (100)
<b>2014</b>	0(0.00)	27(100.00)	0(0.00)	0(0.00)	0(0.00)	27 (100)
<b>2015</b>	0(0.00)	4(100.00)	0(0.00)	0(0.00)	0(0.00)	4 (100)
<b>Total</b>	0(0.00)	118(96.72)	0(0.00)	4(3.28)	0(0.00)	122 (100)

**Conclusion:**

- There was a considerable improvement in the Institutional deliveries and the number of Madilu beneficiaries over the 5 years period.
- Mosquito curtain was missing in 32% of the kits received by the beneficiaries.

- The baby Sweater (+ cap + socks) (14.7%) and the kit bag (18%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 41% of the respondents and 4% of them paid cash (Rs.50/- on an average) to receive the kit.
- The mosquito nets and the linen supplied in the kit were found to be most useful.
- The overall usefulness of the Madilu scheme was rated “less useful” by majority (97%) of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in the areas selected for sampling in Bagalkot:**

#### **Badami Taluk**

Mosquito nets were not supplied and not included in the kit as it was not dengue affected area which was pointed out by a participant “*I did not receive the mosquito net in the kit as our area is not dengue affected*”

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female participant (2014-15) who said “*the sweater, cap and socks are too small that it is even difficult to make the child body enter into it*”

One ASHA worker supplemented the first beneficiary and declared that “*the Madilu kits were out of stock since January 2015 to June 2015*”

#### **Jamakhandi Taluk**

One female participant who was a beneficiary of 2013-14 made her point strong saying “*There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time*”

Another mother said *“the bed sheet and the sweater were very small-sized and not of much use”* the first participant further added *“the towels provided are very small sized”*

Another old grandmother stated *“mosquito nets are separately given apart from Madilu kits pack which is not acceptable*

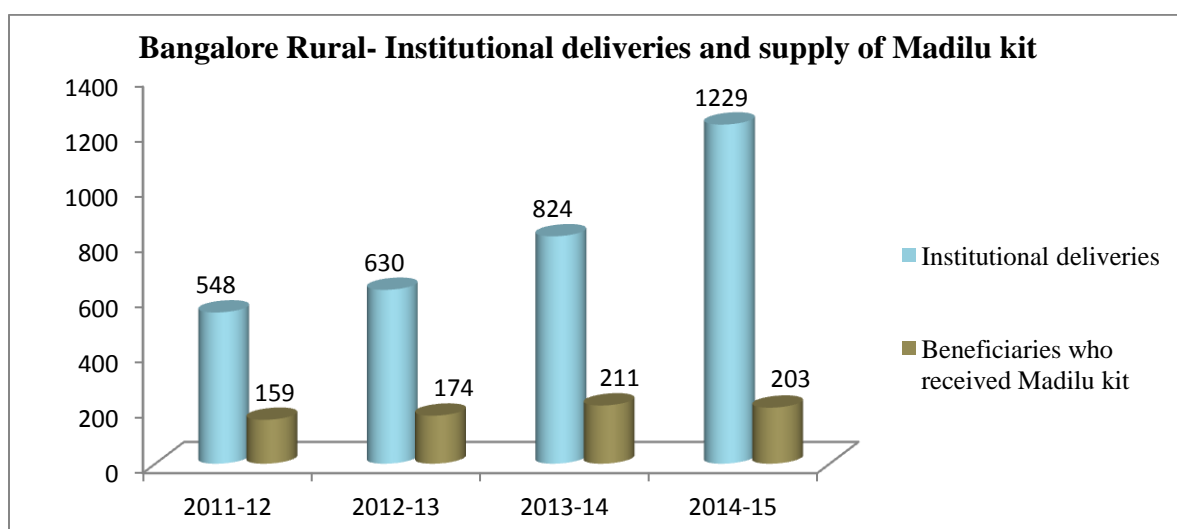
## BANGALORE RURAL DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	2
Total number of Sub-district Hospitals	16
Total number of Primary Health Centres	43
Total number of sub-centres	198

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Devanahalli	Gudlumuddenahalli
Nelamanagala	Kundana (24x7)
	Modalakote

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bangalore rural (Hospital Data)**

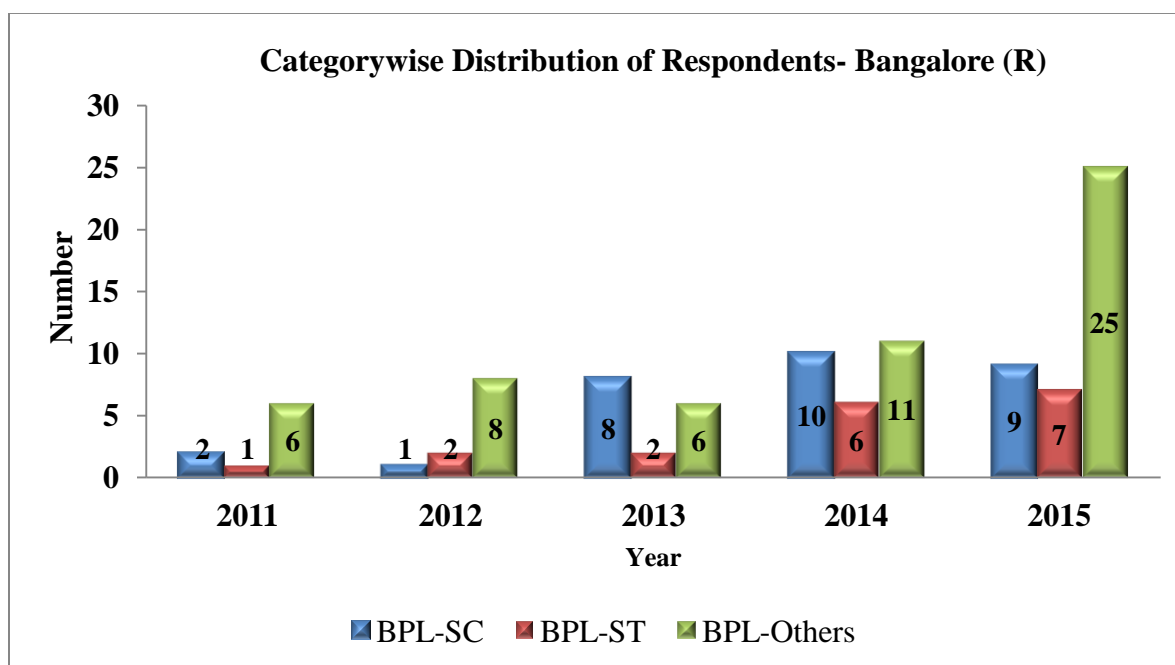


There is a drastic improvement in the number of Institutional deliveries since 2011 with almost twice the number in 2014-15 compared to the start. The supply of Madilu kit has shown gradual and slow improvement in the past 5 years.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	30	18	56	104
<b>Mean age <math>\pm</math> SD</b>	22.80 $\pm$ 1.95	22.50 $\pm$ 2.17	24.14 $\pm$ 2.22	22.72 $\pm$ 2.12
<b>Monthly income (mean)</b>	4677	4389	4264	4405
<b>Average family size</b>	4.93	5.44	5	5.06
<b>Education status</b>				
<b>Literate</b>	96.67	100.00	96.43	97.12
<b>Illiterate</b>	3.33	0.00	3.57	2.88
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	1(1.8)	1(1.0)
<b>Class III</b>	4(13.3)	4(22.2)	4(7.1)	12(11.5)
<b>Class IV</b>	10(33.3)	5(27.8)	22(39.3)	37(35.6)
<b>Class V</b>	16(53.3)	9(50.0)	29(51.8)	54(51.9)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Bangalore rural****Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	103	99.04

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item. No	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
2	Carpet (Medium size)	2	1.67	9	7.50	2	1.67
3	Bed Sheet (Medium)	0	0.00	5	4.17	0	0.00
6	Washing soap	18	15.00	1	0.83	3	2.50
9	Comb and coconut oil	12	10.00	4	3.33	7	5.83
10	Towel - mother	2	1.67	0	0.00	1	0.83
14	Soap – child	1	0.83	7	5.83	0	0.00
15	Rubber sheet – child	0	0.00	5	4.17	1	0.83
18	Sweater + cap + socks	0	0.00	6	5.00	0	0.00

**Table 6: Mode of delivery- Bangalore rural respondents (n=104)**

Normal (Vaginal)	Caesarean	Instrumental	Total
87(96.67)	2(2.22)	0(0.00)	90 (100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
54(51.49)	50(48.51)	104(100)

**Table 8: Payment of money for receipt of Madilu kit by Bangalore rural respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
99(99.00)	1(1.00)	100(100)	50

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	59	56.73	21	20.19	24	23.08
2	Carpet (Medium size)	69	66.35	35	33.65	0	0.00
3	Bed Sheet (Medium)	66	63.46	38	36.54	0	0.00
4	Thick Covering sheet for mother	73	70.19	30	28.85	1	0.96
5	Soap –mother	80	76.92	23	22.12	1	0.96

6	Washing soap	83	79.81	20	19.23	1	0.96
7	Cloth for tying around stomach - mother	55	52.88	34	32.69	15	14.42
8	Sanitary pads (square cotton cloth with noose)	88	84.62	16	15.38	0	0.00
9	Comb and coconut oil - mother	75	72.12	29	27.88	0	0.00
10	Towel - mother	78	75.00	26	25.00	0	0.00
11	Tooth paste and brush - mother	87	83.65	17	16.35	0	0.00
12	Rubber sheet + bed sheet - child	78	75.00	25	24.04	1	0.96
13	Cover for child	79	75.96	25	24.04	0	0.00
14	Soap – child	83	79.81	21	20.19	0	0.00
15	Rubber sheet – child	72	69.23	30	28.85	2	1.92
16	Diaper - child	84	80.77	20	19.23	0	0.00
17	Baby shirt - child	71	68.27	29	27.88	4	3.85
18	Sweater + cap + socks	76	73.08	26	25.00	2	1.92
19	Plastic bag (kit)	46	44.23	57	54.81	1	0.96

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	6(54.55)	5(45.45)	11(100.00)
<b>2012</b>	0(0.00)	0(0.00)	6(0.00)	1(12.50)	7(87.50)	8(100.00)
<b>2013</b>	0(0.00)	0(0.00)	4(0.00)	2(22.22)	7(77.78)	9(100.00)
<b>2014</b>	0(0.00)	0(0.00)	10(0.00)	2(11.76)	15(88.24)	17(100.00)
<b>2015</b>	0(0.00)	0(0.00)	6(0.00)	6(18.18)	27(81.82)	33(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>26(25)</b>	<b>17(16.35)</b>	<b>61(58.65)</b>	<b>104(100.00)</b>

**Conclusion:**

- There was a good improvement in the number of Institutional deliveries and the slow gradual rise in the number of Madilu beneficiaries over the 5 years period.

- Mosquito curtain was missing in 99% of the kits received by the beneficiaries.
- The Washing soap (15%), Comb and coconut oil (10%), baby Sweater (+ cap + socks) (6%) and the baby soap (18%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 48% of the respondents and only one of them paid cash (Rs.50/-) to receive the kit.
- The sanitary pads and the tooth brush + paste supplied in the kit were found to be most useful.
- Mosquito curtain and Cloth for tying around stomach – mother were found useless among the items in the kit.
- The overall usefulness of the Madilu scheme was rated “very useful” by majority (59%) of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in the areas selected for sampling in Bagalkot:**

#### **Devanahalli**

The participants were not satisfied with the cloths supplied as sanitary pads. Female participant 21 years old, 2014-15 beneficiaries, said *“Give us sanitary pads instead of the cloths provided in the kit. The cloth is never used for the purpose it is given”*

The participant further added that *“the mosquito nets are not supplied to us while we have more mosquito bites in the evenings. We don’t have any use of the abdomen cord to tie around which can be replaced with slippers for walking”*

Female participant 21 years old, 2014-15 respondent, said sternly *“We are not receiving any amount from the PHC under the JSY and Prasoothi scheme”*

Female participant 25 years old, 2014-15 respondent, said with frown *“the baby soaps supplied in the kit is not sufficient for even 2 months. Give extra soaps and not only two”*

### **Nelamanagala**

The respondents were not happy with the soaps provided in the kit and felt that the coconut oil was of a very poor quality that it was not suitable for their usage. One of the respondents (2014-15) stated with a stern face *“the coconut oil was fully solid and smelling bad when I tried to use it after a week of the supply.”*

Another participant added with sarcasm *“mosquito nets are anyway not supplied, why not include better quality soaps and oil?”*

## BANGALORE URBAN DISTRICT

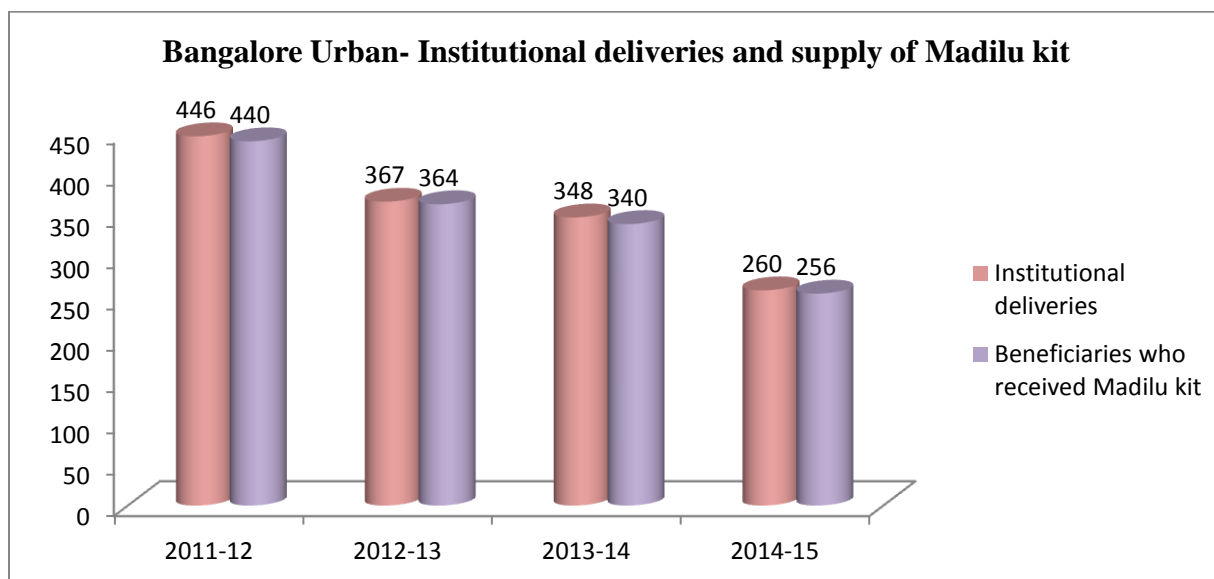
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	99
Total number of Sub-district Hospitals	15
Total number of Primary Health Centres	76
Total number of sub-centres	279

Table 2: Areas selected by sampling in the district

Taluks	PHCs
Anekal	Attibele (24x7)
Bangalore north	Abbigere (24x7)
	Hesaraghatta (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bangalore Urban (Hospital Data)



There is a declining trend in the number of Institutional deliveries since 2011 with almost half the number in 2014-15 compared to the start. The supply of Madilu kit has been prompt with on par improvement with the Institutional deliveries in the past 5 years.

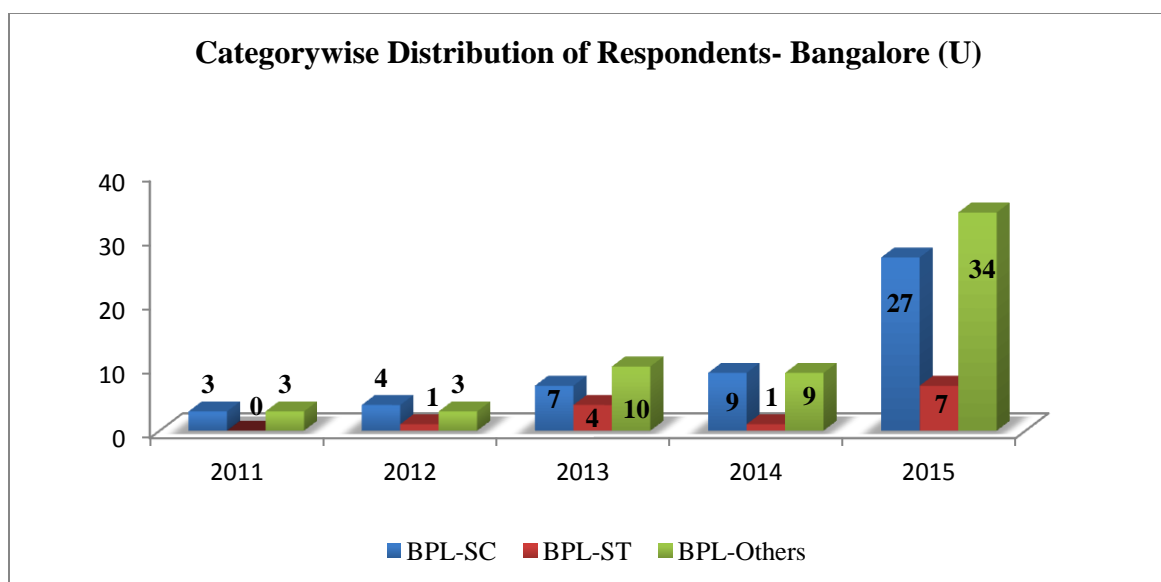
**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	50	13	59	122
<b>Mean age ± SD</b>	23.92 ± 2.69	24.31 ± 3.75	24.15 ± 3.52	24.07 ± 3.21
<b>Monthly income (mean)</b>	6000	6269	5881	5971
<b>Average family size</b>	4.7	4.42	4.98	4.81
<b>Education status</b>				
<b>Literate</b>	96.00	100.00	96.61	96.72
<b>Illiterate</b>	4.00	0.00	3.39	3.28
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	2(4.0)	0(0.0)	2(3.4)	4(3.3)
<b>Class III</b>	16(32.0)	6(46.2)	11(18.6)	33(27.0)
<b>Class IV</b>	28(56.0)	5(38.5)	37(62.7)	70(57.4)
<b>Class V</b>	4(8.0)	2(15.4)	9(15.3)	15(12.3)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)



**Graph 2: Year wise and caste wise distribution of respondents in Bangalore Urban**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	115	94.26
2	Carpet (Medium size)	6	4.92
8	Sanitary pads	3	2.46

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item. No	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
7	Cloth for tying around stomach – mother	7	5.74	0	0.00	0	0.00
8	Sanitary pads	7	5.74	0	0.00	0	0.00
16	Diaper - child	16	13.11	0	0.00	0	0.00
17	Baby shirt - child	3	2.46	0	0.00	0	0.00

**Table 6: Mode of delivery- Bangalore Urban respondents (n=104)**

Normal (Vaginal)	Caesarean	Instrumental	Total
121(99.18)	1(0.82)	0(0.00)	122 (100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
53(43.44)	69(56.56)	122(100)

**Table 8: Payment of money for receipt of Madilu kit by Bangalore Urban respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
106(98.15)	2(1.85)	108(100)	63

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	7	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	67	68.37	31	31.63	0	0.00
3	Bed Sheet (Medium)	76	73.08	28	26.92	0	0.00
4	Thick Covering sheet for mother	60	58.25	43	41.75	0	0.00
5	Soap –mother	58	55.77	45	43.27	1	0.96
6	Washing soap	52	50.00	50	48.08	2	1.92

7	Cloth for tying around stomach - mother	33	31.73	68	65.38	3	2.88
8	Sanitary pads (square cotton cloth with noose)	52	51.49	48	47.52	1	0.99
9	Comb and coconut oil - mother	62	59.62	39	37.50	3	2.88
10	Towel - mother	69	66.35	34	32.69	1	0.96
11	Tooth paste and brush - mother	48	46.15	54	51.92	2	1.92
12	Rubber sheet + bed sheet - child	55	52.88	48	46.15	1	0.96
13	Cover for child	56	53.85	46	44.23	2	1.92
14	Soap – child	52	50.00	45	43.27	7	6.73
15	Rubber sheet – child	51	49.04	48	46.15	5	4.81
16	Diaper - child	55	52.88	46	44.23	3	2.88
17	Baby shirt - child	64	61.54	36	34.62	4	3.85
18	Sweater + cap + socks	52	50.00	46	44.23	6	5.77
19	Plastic bag (kit)	27	25.96	74	71.15	3	2.88

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	5(83.33)	1(16.67)	6(100.00)
<b>2012</b>	0(0.00)	1(12.50)	0(0.00)	4(50.00)	3(37.50)	8(100.00)
<b>2013</b>	0(0.00)	2(9.52)	1(4.76)	15(71.43)	3(14.29)	21(100.00)
<b>2014</b>	0(0.00)	1(5.26)	0(0.00)	14(73.68)	4(21.05)	19(100.00)
<b>2015</b>	0(0.00)	3(4.41)	0(0.00)	42(61.76)	23(33.82)	68(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>7(5.74)</b>	<b>1(0.82)</b>	<b>80(65.57)</b>	<b>34(27.87)</b>	<b>122(100.00)</b>

**Conclusion:**

- There was a declining trend in the number of Institutional deliveries and a steady gradual reduction in the number of Madilu beneficiaries over the 5 years period.
- Mosquito curtain was not received by 95% of the beneficiaries.

- The baby diapers (13%), cloth to tie around the abdomen (6%) and the sanitary pads (6%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 43.4% of the respondents and 2 of them paid cash (Rs.63/-) to receive the kit.
- The bed sheet and the mosquito nets supplied in the kit were found to be most useful.
- Baby soap and Sweater +socks were found useless among the items in the kit.
- The overall usefulness of the Madilu scheme was rated “useful” by majority (65.6%) of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Bangalore Urban:**

#### **Anekal**

ANM and ASHA workers conveyed *“There was no supply of kits from June to December 2015”* and further added that *“the bag containing the Madilu materials tears off very easily due to many materials inside”*

Another participant who was a beneficiary (2013-14) told *“There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time”*

The Baby soap and Sweater +socks were mentioned as those materials of minimum usage in the kit as stated by a participant *“the baby soaps are not our usual brand. It gets over very fast and mentioning it as one component is not good.”* She added *“both the sweater and soap come only for a month.”* The ANM added stating that *“In Bangalore town it’s easy to get cosmetics, no need to supply it in the kit”*

## **Bangalore north**

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful said a female participant (2014-15) who stated *“the sweater, cap and socks are too small that it is even difficult to make the child body enter into it”*

Mosquito nets were supplied in this area as it was dengue affected a few months back but it was not included in the kit and supplied separately which was pointed out by a participant *“I received the mosquito kit a week later after delivery and receipt of the Madilu kit in the hospital”*

## BELLARY DISTRICT

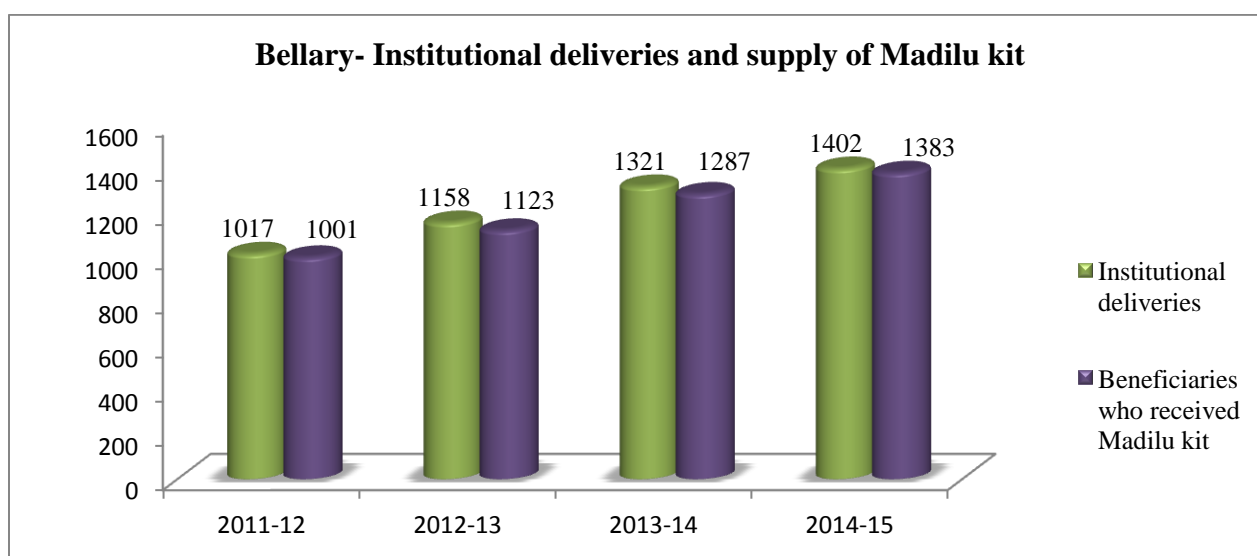
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	7
Total number of Sub-district Hospitals	27
Total number of Primary Health Centres	55
Total number of sub-centres	293

Table 2: Areas selected by sampling in Bellary district

Taluks	PHCs
Bellary	Kolur (24x7)
Kudligi	Rupanagudi (24x7)
	Gudekote (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bellary (Hospital Data)

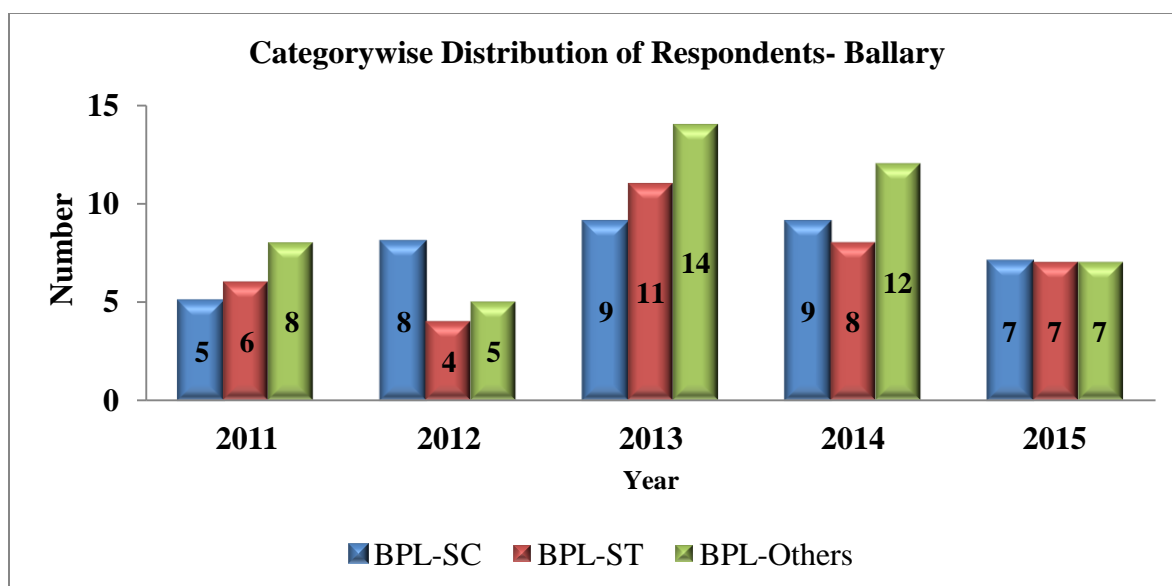


There is an increasing trend in the number of Institutional deliveries since 2011 with a considerably good improvement in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	38(31.7)	36(30.0)	46(38.3)	120(100.0)
<b>Mean age <math>\pm</math> SD</b>	22.79 $\pm$ 3.07	22.58 $\pm$ 2.05	22.54 $\pm$ 2.09	22.63 $\pm$ 2.41
<b>Monthly income (mean)</b>	3968	4656	4602	4418
<b>Average family size</b>	6.34	5.72	6.85	6.35
<b>Education status</b>				
<b>Literate</b>	38(100.0)	36(100.0)	40(87.8)	114(99.2)
<b>Illiterate</b>	0(0.0)	0(0.0)	6(2.2)	6(0.8)
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	1(2.8)	0(0.0)	1(0.8)
<b>Class III</b>	4(10.5)	8(22.2)	3(6.5)	15(12.5)
<b>Class IV</b>	7(18.4)	9(8.3)	9(19.6)	19(15.8)
<b>Class V</b>	27(71.1)	24(66.7)	34(73.9)	85(70.8)

**Graph 2: Year wise and caste wise distribution of respondents in Bellary****Table 4: Items missing in the Madilu kit as per the respondents (n=123)**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	117	97.50

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item. No	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet	2	1.67	0	0	4	3.33
8	Sanitary pads	16	13.33	0	0	6	5.00
18	Sweater + cap + socks	15	12.50	0	0	29	24.17



**Table 6: Mode of delivery- Bellary respondents (n=120)**

Normal (Vaginal)	Caesarean	Instrumental	Total
118(98.33)	2(1.67)	0(0.00)	120(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
19(15.83)	101(84.17)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Bellary respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
120(100.00)	0(0.00)	120(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	3	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	75	62.50	45	37.50	0	0.00
3	Bed Sheet (Medium)	75	62.50	45	37.50	0	0.00
4	Thick Covering sheet for mother	75	100.00	0	0.00	0	0.00
5	Soap –mother	75	62.50	45	37.50	0	0.00

6	Washing soap	75	62.50	45	37.50	0	0.00
7	Cloth for tying around stomach - mother	75	62.50	45	37.50	0	0.00
8	Sanitary pads (square cotton cloth with noose)	75	62.50	45	37.50	0	0.00
9	Comb and coconut oil - mother	75	62.50	45	37.50	0	0.00
10	Towel - mother	74	61.67	45	37.50	1	0.83
11	Tooth paste and brush - mother	75	62.50	44	36.67	1	0.83
12	Rubber sheet + bed sheet - child	76	63.33	44	36.67	0	0.00
13	Cover for child	75	62.50	45	37.50	0	0.00
14	Soap – child	75	62.50	45	37.50	0	0.00
15	Rubber sheet – child	75	62.50	45	37.50	0	0.00
16	Diaper - child	75	62.50	45	37.50	0	0.00
17	Baby shirt - child	76	63.33	44	36.67	0	0.00
18	Sweater + cap + socks	76	63.33	44	36.67	0	0.00
19	Plastic bag (kit)	76	63.33	44	36.67	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

<b>Year</b>	<b>Useless</b>	<b>Less Useful</b>	<b>Neutral</b>	<b>Useful</b>	<b>Very useful</b>	<b>Total</b>
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	9(47.37)	10(52.63)	19(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	6(35.29)	11(64.71)	17(100.00)
<b>2013</b>	0(0.00)	0(0.00)	1(2.94)	17(50.00)	16(47.06)	34(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	17(58.62)	12(41.38)	29(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	10(47.62)	11(52.38)	21(100.00)
<b>Total</b>	0(0.00)	0(0.00)	1(0.83)	59(49.17)	60(50.00)	120(100.00)

## **Conclusion:**

- There is an increasing trend in the number of Institutional deliveries since 2011 with a considerably good improvement in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by 97.5% of the beneficiaries.
- Sweater + cap + socks (36.5%), thick Covering sheet for mother (4.58%) and sanitary pads (18.3%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 84% of the respondents and but none of them paid cash to receive the kit.
- The baby rubber sheet (63.3%) and bedsheet (100%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “very useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Bellary:**

### **Kolur**

The respondents were happy with the Madilu scheme as a whole especially the linen and dress materials supplied in the kit. The people also felt that the supply of kit along with the JSY/PA money at the right time would be a great use to them.

This was mentioned by a beneficiary (2014-15) as *“the Madilu kit is a great gift from the government and we are very grateful. These items are materials which we cannot afford from our daily wages”*

The ANMs and ASHA workers were expressing that supplying the kits at the right time will enhance the interest to deliver in the PHCs. One ASHA worker said *“the kits are supposed to be useful immediately after the delivery and that is the time we can motivate the mothers to undergo family planning. The kit is a catalyst to speed up many works done for the mother and child health.”*

### **Rupanagudi**

The respondents felt that the supply of kit along with the JSY/PA money at the right time is of prime importance. They wanted additional materials like slippers for the mother and mosquito kits to be included within the kit.

One mother stated *“Give us a pair of slippers instead of the soaps”* when another beneficiary pointed out the non-inclusion of the mosquito nets as *“The mosquito nets are never supplied in the kit. It is promised that it will be supplied later but never supplied”*

### **Gudekote**

The people expressed their sincere thanks to the government for supplying indispensable materials through the scheme for the benefit of the mother and the child.

One beneficiary (2013-14) said that *“the Madilu kits are of great importance to people like us who are unable to manage our family expenditures during the time of delivery. Travel expenditures and rituals take off enough money and the Madilu kit materials are out of our thoughts with such financial crunch”*

Another beneficiary added *“the JSY/PA money should be given a little earlier and the money will be helpful for delivery and mother’s food. Giving it late will not serve the purpose”*

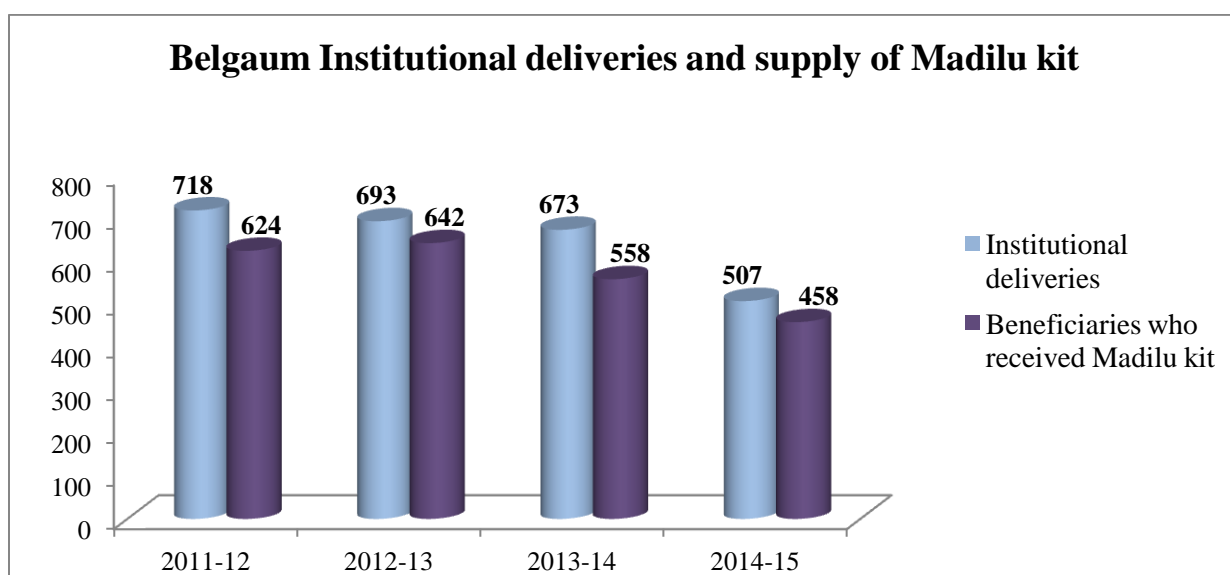
## BELGAUM DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	15
Total number of Sub-district Hospitals	39
Total number of Primary Health Centres	143
Total number of sub-centres	598

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Athani	Kokatnur (24x7)
Belgaum	Ashok nagar
	Mutyantatti

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bangalore Urban (Hospital Data)**

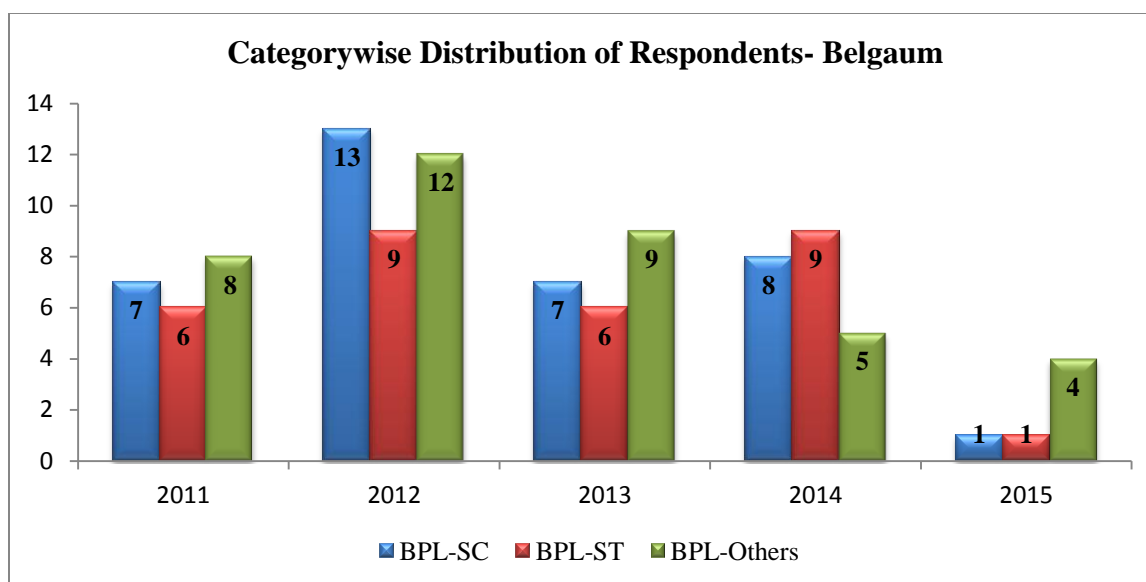
There is a declining trend in the number of Institutional deliveries since 2011 but the reduction is not as drastic as compared to the start. The supply of Madilu kit has been prompt with on par improvement with the Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	36	31	38	105
<b>Mean age ± SD</b>	23.06 ± 2.16	23.03 ± 2.34	22.34 ± 2.08	22.79 ± 2.20
<b>Monthly income (mean)</b>	4500	4226	3979	4378
<b>Average family size</b>	4.72	4.94	4.79	4.81
<b>Education status</b>				
<b>Literate</b>	97.22	96.77	94.74	96.19
<b>Illiterate</b>	2.78	3.23	5.26	3.81
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	1(2.8)	0(0.0)	0(0.0)	1(1.0)
<b>Class III</b>	9(25.0)	8(25.8)	7(18.4)	24(22.9)
<b>Class IV</b>	13(36.1)	17(54.8)	16(42.1)	46(43.8)
<b>Class V</b>	13(36.1)	6(19.4)	15(39.5)	34(32.4)
<b>No Information</b>	0.0	0.0	0.0	0.0

**Graph 2: Year wise and caste wise distribution of respondents in Belgaum**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	4	3.28
12	Rubber sheet + bed sheet - child	2	1.64
13	Cover for child	1	0.82

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item. No	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet for mother	3	2.46	0	0.00	1	0.82
17	Baby shirt - child	1	0.82	0	0.00	1	0.82
18	Sweater + cap + socks	18	14.75	0	0.00	7	5.74



**Table 6: Mode of delivery- Bangalore Urban respondents (n=104)**

Normal (Vaginal)	Caesarean	Instrumental	Total
105(100.00)	0(0.00)	0(0.00)	105(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
26(24.76)	79(75.24)	105(100)

**Table 8: Payment of money for receipt of Madilu kit by Bangalore Urban respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
105(100.00)	0(0.00)	105(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	16	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	94	89.52	11	10.48	0	0.00
3	Bed Sheet (Medium)	88	83.81	17	16.19	0	0.00
4	Thick Covering sheet for mother	30	28.57	75	71.43	0	0.00
5	Soap –mother	94	89.52	11	10.48	0	0.00
6	Washing soap	45	42.86	60	57.14	0	0.00

7	Cloth for tying around stomach - mother	89	84.76	16	15.24	0	0.00
8	Sanitary pads (square cotton cloth with noose)	88	83.81	17	16.19	0	0.00
9	Comb and coconut oil - mother	38	36.19	67	63.81	0	0.00
10	Towel - mother	100	95.24	5	4.76	0	0.00
11	Tooth paste and brush - mother	31	29.52	74	70.48	0	0.00
12	Rubber sheet + bed sheet - child	95	90.48	10	9.52	0	0.00
13	Cover for child	98	93.33	7	6.67	0	0.00
14	Soap – child	41	39.05	64	60.95	0	0.00
15	Rubber sheet – child	100	95.24	5	4.76	0	0.00
16	Diaper - child	98	93.33	7	6.67	0	0.00
17	Baby shirt - child	94	89.52	11	10.48	0	0.00
18	Sweater + cap + socks	101	96.19	4	3.81	0	0.00
19	Plastic bag (kit)	101	96.19	4	3.81	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	21(100.00)	0(0.00)	21(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	34(100.00)	0(0.00)	34(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	6(100.00)	0(0.00)	6(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>105(100.00)</b>	<b>0(0.00)</b>	<b>105(100.00)</b>

**Conclusion:**

- There is a declining trend in the number of Institutional deliveries since 2011 but the reduction is not as drastic as compared to the start.
- Mosquito curtain was not received by 4% of the beneficiaries.

- Baby Sweaters (15%) and the thick Covering sheet for mother (3%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was prompt only for 24.8% of the respondents but none of them paid any cash to receive the kit.
- The baby sweaters (96%), rubber sheet (96%) and towels (95%) supplied in the kit were found to be most useful.
- The overall usefulness of the Madilu scheme was rated “useful” by all the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Bangalore Urban:**

#### **Athani**

The time of delivery of the kit was very late for most of the beneficiaries interviewed as the materials were out of stock for a longer period. The ANMs and ASHAs stated that the kit was provided late as they could not get enough stocks from the centres. The ANM stated *“I have been asking for a kit for a mother for a very long time and it takes lots of time to get it to hand.”*

The beneficiaries also were not happy about the delay in the delivery of the JSY/PSA money. One of the participants put a request stating *“please try to give the mother’s money little earlier as we have to meet lot of expenditures during the delivery”*

The delivery of the kit was also was not in time as put forth as a complaint by two mothers who stated *“The kit was given so late that the sweater and baby dresses in the kit became very small-sized.”*

## **Belgaum**

The supply of the Madilu kit was praised and appreciated by the people and the staffs of the PHCs. The contents of the kit were useful to the participants in many ways. This was evident from the statement made by a beneficiary “*the Madilu kit is a great help at a time when we are financially poor*”

**BIDAR DISTRICT**

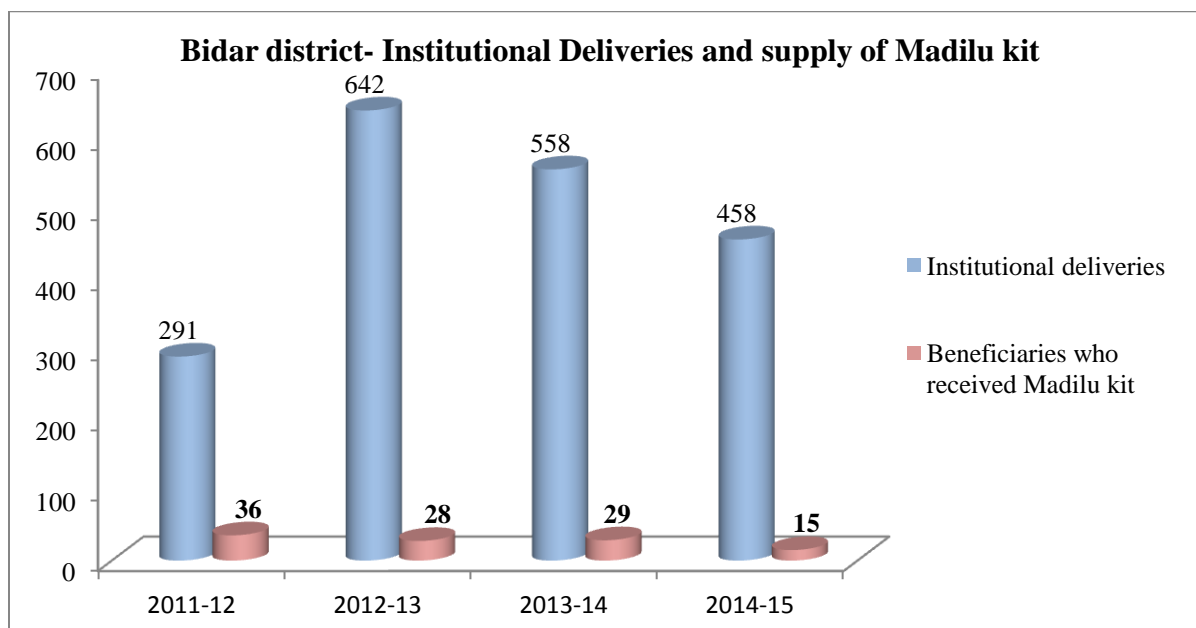
**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	8
Total number of Sub-district Hospitals	19
Total number of Primary Health Centres	48
Total number of sub-centres	275

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Aurad	Choradabka (24x7)
Humnabad	Torna (24x7)
	Hallikhed(k) (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bidar (Hospital Data)**



There is a declining trend in the number of Institutional deliveries since 2013. The supply of Madilu has been very poor with regards to the number of Institutional deliveries in the past 5 years. Only a small proportion of beneficiaries have received the Madilu kit.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	38	28	39	105
<b>Mean age <math>\pm</math> SD</b>	21.89 $\pm$ 2.35	22.03 $\pm$ 2.43	22.85 $\pm$ 2.44	22.29 $\pm$ 2.41
<b>Monthly income (mean)</b>	3308	3804	3044	3342
<b>Average family size</b>	6.42	6.54	6.05	6.31
<b>Education status</b>				
<b>Literate</b>	60.53	78.57	82.05	73.33
<b>Illiterate</b>	39.47	21.43	17.95	26.67
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	1(2.6)	1(3.6)	1(2.6)	3(2.9)
<b>Class IV</b>	3(7.9)	4(14.3)	1(2.6)	8(7.6)
<b>Class V</b>	34(89.5)	23(82.1)	37(94.9)	94(89.5)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

Graph 2: Year wise and caste wise distribution of respondents in Bidar

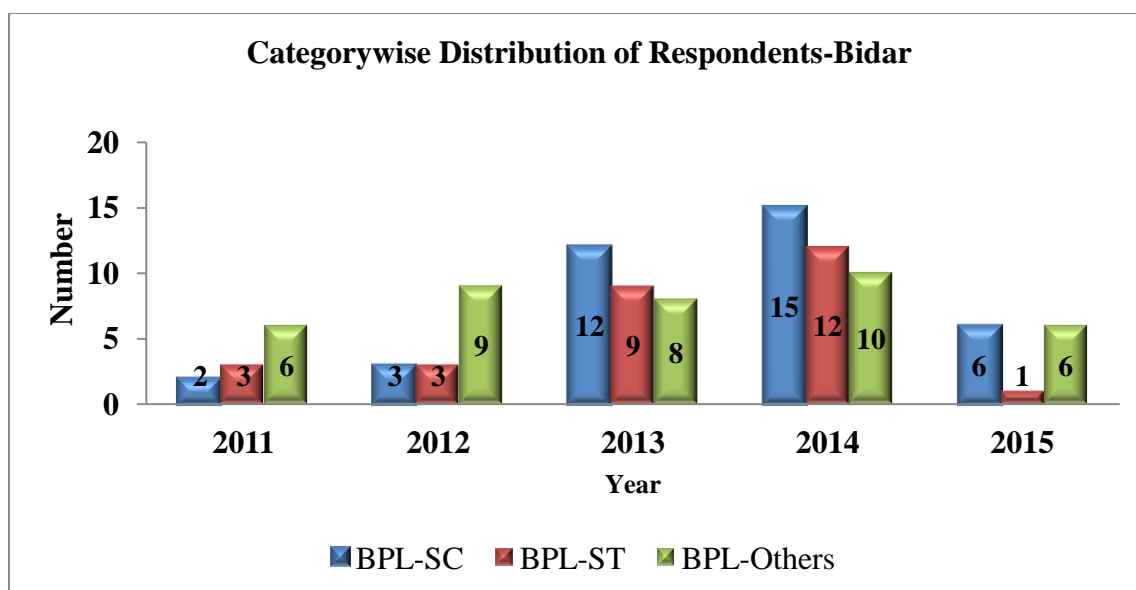


Table 4: Items missing in the Madilu kit as per the respondents

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	60	57.14
2	Carpet (Medium size)	1	0.95
6	Washing soap	1	0.95

Table 5: Respondent perception about the quality of each item in the Madilu kit

Item. No	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	1	0.82	0	0.00	1	0.82
18	Sweater + cap + socks	18	14.75	0	0.00	7	5.74

**Table 6: Mode of delivery- Bidar respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	Total
103(98.10)	2(1.90)	0(0.00)	105(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
75(69.5)	13(31.5)	105(100)

**Table 8: Payment of money for receipt of Madilu kit by Bidar respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
88(90.72)	9(9.28)	97(100)	156

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	44	84.62	8	15.38		0.00
2	Carpet (Medium size)	84	85.71	14	14.29	0	0.00
3	Bed Sheet (Medium)	84	84.00	16	16.00	0	0.00
4	Thick Covering sheet for mother	84	83.17	17	16.83	0	0.00



5	Soap –mother	67	65.69	35	34.31	0	0.00
6	Washing soap	64	62.75	38	37.25	0	0.00
7	Cloth for tying around stomach - mother	64	62.75	38	37.25	0	0.00
8	Sanitary pads (square cotton cloth with noose)	77	75.49	25	24.51	0	0.00
9	Comb and coconut oil - mother	79	77.45	23	22.55	0	0.00
10	Towel - mother	85	83.33	17	16.67	0	0.00
11	Tooth paste and brush - mother	81	79.41	20	19.61	1	0.98
12	Rubber sheet + bed sheet - child	93	91.18	9	8.82	0	0.00
13	Cover for child	77	100.00	0	25.00	0	0.00
14	Soap – child	69	67.65	33	32.35	0	0.00
15	Rubber sheet – child	68	66.67	34	33.33	0	0.00
16	Diaper - child	67	65.69	35	34.31	0	0.00
17	Baby shirt - child	67	65.69	35	34.31	0	0.00
18	Sweater + cap + socks	66	64.71	36	35.29	0	0.00
19	Plastic bag (kit)	66	64.71	36	35.29	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	0(0.00)	11(100.00)	11(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	0(0.00)	15(100.00)	15(100.00)
<b>2013</b>	2(6.90)	0(0.00)	0(0.00)	0(0.00)	27(93.10)	29(100.00)
<b>2014</b>	5(13.51)	0(0.00)	1(2.70)	2(5.41)	29(78.38)	37(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	1(7.69)	12(92.31)	13(100.00)
<b>Total</b>	<b>7(6.67)</b>	<b>0(0.00)</b>	<b>1(0.95)</b>	<b>3(2.86)</b>	<b>94(89.52)</b>	<b>105(100.00)</b>

## **Conclusion:**

- There is a declining trend in the number of Institutional deliveries since 2013. The Madilu kits were not supplied since middle of 2014.
- Mosquito curtain was not received by 57.14% of the beneficiaries.
- Baby Sweater + cap + socks (20%) and child dress (1%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 31.5% of the respondents with 9 of them paying cash (Rs.156/- on an average) to receive the kit.
- The covering cloth with hood (100%) and rubber sheet (91%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “very useful” by all the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Bidar:**

### **AURAD**

### **CHORADABKA**

The size of the sweaters and the rubber sheet for the baby were most speculated and needed replacement with a better quality product compared to the one which was given. But people never denied that it was a useful inclusion. One 2013-14 beneficiary at present pregnant made

a demand *“The mother should be provided with hand gloves, sweater and scarfs in addition to providing appropriate sized caps for the child”*

Another participant said *“I dint get the JSY/PA amount as there was confusion with the account number”*

### **TORNA**

ANMs and ASHAS detailed that *“the beneficiaries who were referred from PHC for complicated deliveries were not provided kits because they were not eligible. They actually deserve it as we had only referred them to a private institution and they did not go on their own wish”*

### **HUMNABAD**

### **HALLIKHED**

The participants had more grievances regarding the late supply of the kits without inclusion of the mosquito nets. The kits were felt very useful in the post-partum period and many appreciated this initiative from the Government. But if the kits and JSY money can be streamlined to be delivered at the right time without delay, it's a great welcome project from the beneficiary's side.

ANM and ASHA workers conveyed *“There was no supply of kits from January to May 2015”*and further added that *“the mosquito nets were given separately given to them after purchase from the PHC”*

Another participant added that the kits need not have soaps and cosmetics but more useful household products. She said “*There can be toys and kitchen utensils included in the kit for making baby food instead of cosmetics like soaps and detergents.*”

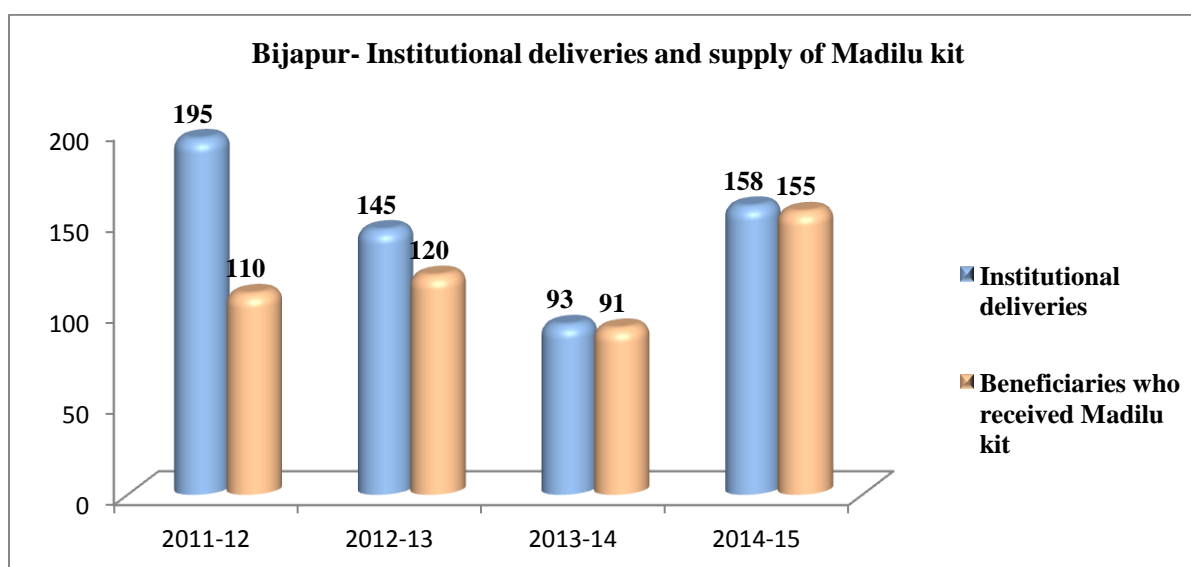
## BIJAPUR DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	2
Total number of Sub-district Hospitals	19
Total number of Primary Health Centres	64
Total number of sub-centres	314

**Table 2: Areas selected by sampling in Bijapur district**

Taluks	PHCs
Indi	Chadachana (24x7)
Muddebihal	Loni.b.k. (24x7)
	Konnur (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Bijapur (Hospital Data)**

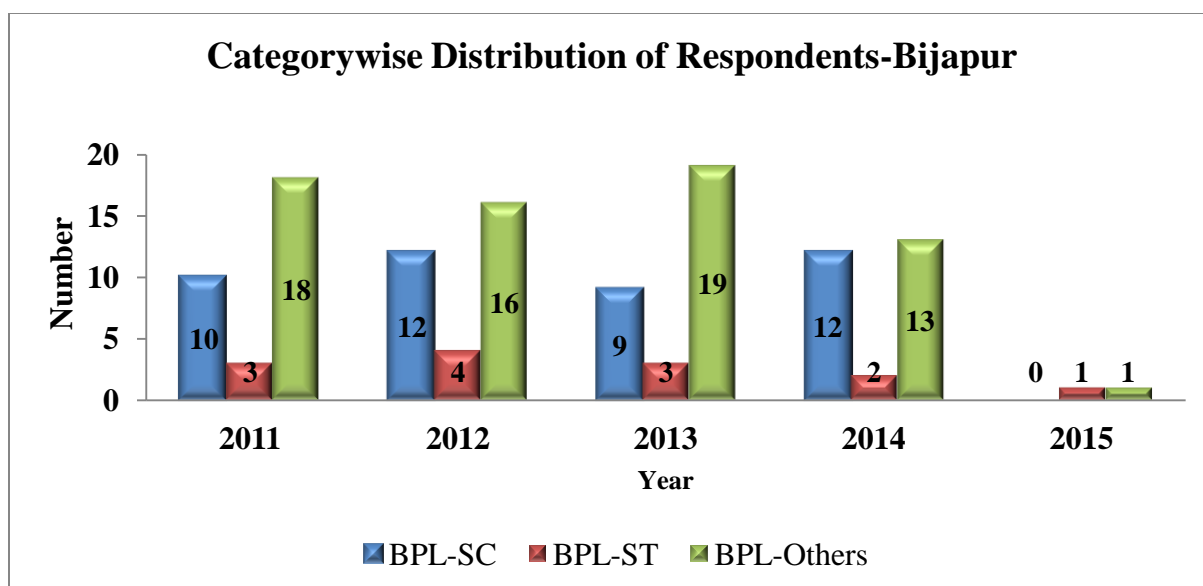
There is a declining trend in the number of Institutional deliveries since 2011 but a considerably good improvement in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	43	13	67	123
<b>Mean age <math>\pm</math> SD</b>	23.05 $\pm$ 2.73	26.00 $\pm$ 2.23	22.57 $\pm$ 2.25	23.10 $\pm$ 2.62
<b>Monthly income (mean)</b>	6233	5231	6470	6254
<b>Average family size</b>	5.46	5.46	5.79	5.64
<b>Education status</b>				
<b>Literate</b>	100.00	100.00	100.00	100.00
<b>Illiterate</b>	0.00	0.00	0.00	0.00
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0.0	0.0	2(3.0)	2(1.6)
<b>Class III</b>	7(16.3)	2(15.4)	12(17.9)	21(17.1)
<b>Class IV</b>	27(62.8)	6(46.2)	35(52.2)	68(55.3)
<b>Class V</b>	9(20.9)	5(38.5)	17(25.4)	31(25.2)
<b>No Information</b>	0.0	0.0	1(1.5)	1(0.8)

**Graph 2: Year wise and caste wise distribution of respondents in Bijapur**



**Table 4: Items missing in the Madilu kit as per the respondents (n=123)**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	121	99.18

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet for mother	3	2.46	8	6.56	5	4.10
8	Sanitary pads	4	3.28	2	1.64	0	0.00
17	Baby shirt - child	13	10.66	2	1.64	1	0.82
18	Sweater + cap + socks	11	9.02	10	8.20	1	0.82

**Table 6: Mode of delivery- Bijapur respondents (n=123)**

Normal (Vaginal)	Caesarean	Instrumental	Total
120(97.56)	3(2.44)	0(0.00)	123(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
16(13.01)	107(86.99)	123(100)

**Table 8: Payment of money for receipt of Madilu kit by Bijapur respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
116(94.31)	7(5.69)	123(100)	68

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	1	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	45	36.59	77	62.60	1	0.81
3	Bed Sheet (Medium)	53	43.09	68	55.28	2	1.63
4	Thick Covering sheet for mother	58	47.15	63	51.22	2	1.63
5	Soap –mother	50	40.65	71	57.72	2	1.63



6	Washing soap	51	41.46	70	56.91	2	1.63
7	Cloth for tying around stomach - mother	42	34.15	80	65.04	1	0.81
8	Sanitary pads (square cotton cloth with noose)	45	36.59	77	62.60	1	0.81
9	Comb and coconut oil - mother	18	14.63	102	82.93	3	2.44
10	Towel - mother	21	16.94	102	82.26	1	0.81
11	Tooth paste and brush - mother	32	26.02	90	73.17	1	0.81
12	Rubber sheet + bed sheet - child	19	15.45	103	83.74	1	0.81
13	Cover for child	17	13.82	106	86.18	0	0.00
14	Soap – child	17	13.82	106	86.18	0	0.00
15	Rubber sheet – child	18	14.63	105	85.37	0	0.00
16	Diaper - child	15	12.20	108	87.80	0	0.00
17	Baby shirt - child	15	12.20	108	87.80	0	0.00
18	Sweater + cap + socks	13	10.57	107	86.99	3	2.44
19	Plastic bag (kit)	10	8.13	97	78.86	16	13.01

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	1(3.23)	0(0.00)	2(6.45)	18(58.06)	10(32.26)	31(100.00)
<b>2012</b>	0(0.00)	1(3.13)	0(0.00)	17(53.13)	14(43.75)	32(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	17(54.84)	14(45.16)	31(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	15(55.56)	12(44.44)	27(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	1(50.00)	1(50.00)	2(100.00)
<b>Total</b>	<b>1(0.81)</b>	<b>1(0.81)</b>	<b>2(1.63)</b>	<b>68(55.28)</b>	<b>51(41.46)</b>	<b>123(100.00)</b>

**Conclusion:**

- There is a declining trend in the number of Institutional deliveries since 2011 but a considerably good improvement in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by 99% of the beneficiaries.
- Sweater + cap + socks (18%), Baby shirt – child (14%), thick Covering sheet for mother (14%) and sanitary pads (4%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 87% of the respondents and seven of them paid cash (Rs.68/- on average) to receive the kit.
- The baby diapers (88%) and baby dress (88%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Bijapur:**

#### **Indi**

The respondents were happy with the Madilu scheme as a whole especially the baby use materials supplied in the kit. They were little unhappy with the quality of the linen and the on-time-use kit bag which they demanded could be improved. The people also felt that the supply of kit along with the JSY/PA money at the right time is of prime importance.

This was mentioned by a beneficiary (2012-13) as *“the mosquito nets were never given to us though we lodge many mosquitoes in our locality. The kit was also given very late that the grown up kid wouldn’t fit into the dresses”*

The ANMs and ASHA workers were expressing their inability to supply kits at the right time due to ‘stock outs.’ One ASHA worker said *“the kits are supposed to be useful immediately after the delivery, but the time it reached the mother it is often too late that many things go useless for example the baby dresses and sweaters. The rubber sheet becomes worn out”*

### **Muddebihal**

The respondents felt that the supply of kit along with the JSY/PA money at the right time is of prime importance. They wanted additional materials like slippers for the mother and mosquito kits to be included within the kit.

One mother stated *“Give us a pair of slippers instead of the soaps”* when another beneficiary pointed out the non-inclusion of the mosquito nets as *“The mosquito nets are never supplied in the kit. It is promised that it will be supplied later but never supplied”*

## **CHAMRAJNAGAR DISTRICT**

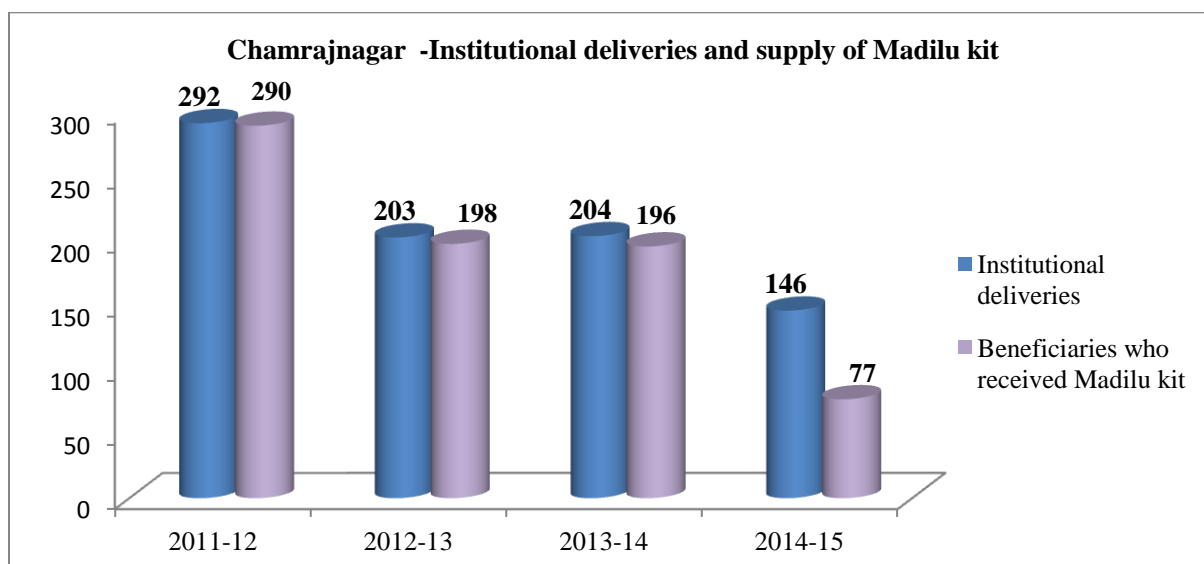
### **Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	2
Total number of Sub-district Hospitals	15
Total number of Primary Health Centres	57
Total number of sub-centres	255

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Kollegal	Lokkanahalli 24x7 tribal
Chamaraja Nagar	Beduguli tribal
	Honganooru 24x7 tribal

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Chamrajnagar (Hospital Data)**



There is a declining trend in the number of Institutional deliveries since 2012 with drastic reduction in 2014-15. The supply of Madilu has been very poor with regards to the number of Institutional deliveries in 2014-15.

**Respondent Characteristics:****Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	31	25	35	91
<b>Mean age <math>\pm</math> SD</b>	21.64 $\pm$ 2.77	21.84 $\pm$ 2.00	22.03 $\pm$ 2.82	21.83 $\pm$ 2.58
<b>Monthly income (mean)</b>	7565	7818	7183	7476
<b>Average family size</b>	5	5.22	4.86	5.02
<b>Education status</b>				
<b>Literate</b>	93.55	76.00	91.43	87.91
<b>Illiterate</b>	6.45	24.00	8.57	12.09
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	1(2.9)	1(1.1)
<b>Class III</b>	15(48.4)	9(36.0)	18(51.4)	42(46.2)
<b>Class IV</b>	16(51.6)	12(48.0)	11(31.4)	39(42.9)
<b>Class V</b>	0(0.0)	0(0.0)	5(14.3)	5(5.5)
<b>No Information</b>	0(0.0)	4(16.0)	0(0.0)	4(4.4)

Graph 2: Year wise and caste wise distribution of respondents in Chamrajnagar

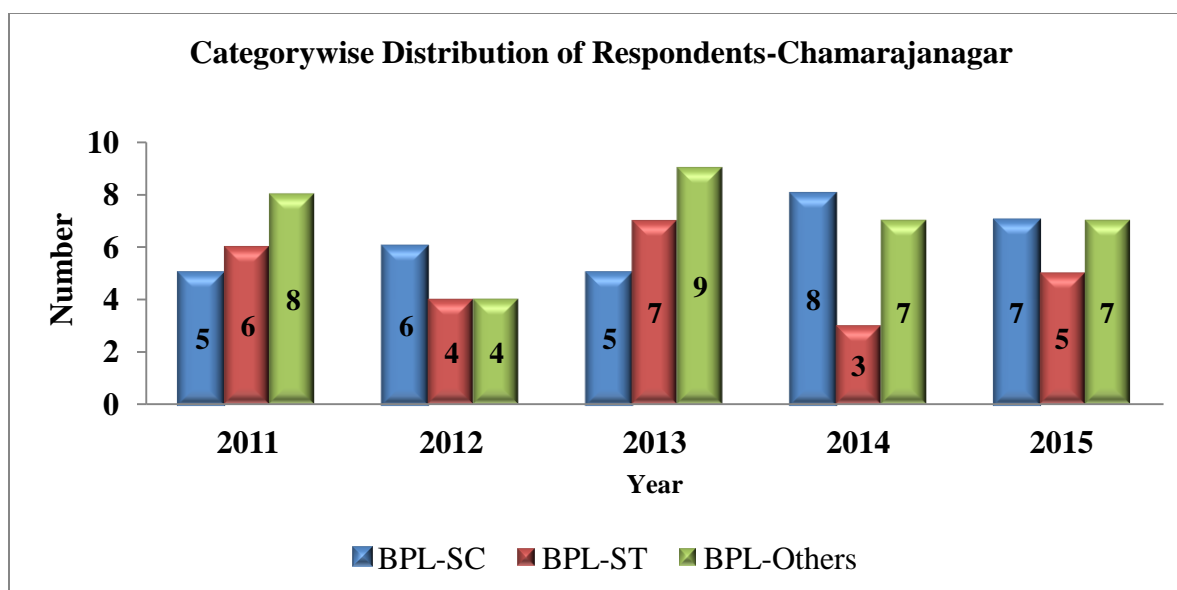


Table 4: Items missing in the Madilu kit as per the respondents

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	60	65.93
2	Carpet (Medium size)	1	1.1
6	Coconut oil	3	3.3

Table 5: Respondent perception about the quality of each item in the Madilu kit

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
11	Tooth paste+ brush	1	1.1	17	18.7	1	1.1
9	Coconut oil	4	4.4	35	38.5	7	7.7

**Table 6: Mode of delivery- Chamrajnagar respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	Total
69 (75.8)	22 (24.17)	0(0.00)	91(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
81 (89)	10 (11)	91(100.00)

**Table 8: Payment of money for receipt of Madilu kit by Chamrajnagar respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
91 (100)	0 (0)	91(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	70	76.92	8	8.79	0	0.00
2	Carpet (Medium size)	84	92.31	14	15.38	0	0.00
3	Bed Sheet (Medium)	45	49.45	16	17.58	0	0.00
4	Thick Covering sheet for mother	46	50.55	17	18.68	0	0.00
5	Soap –mother	67	73.63	35	38.46	0	0.00

6	Washing soap	64	70.33	38	41.76	0	0.00
7	Cloth for tying around stomach - mother	70	76.92	38	41.76	0	0.00
8	Sanitary pads (square cotton cloth with noose)	45	49.45	25	27.47	0	0.00
9	Comb and coconut oil - mother	40	43.96	21	23.08	30	32.97
10	Towel - mother	67	73.63	17	18.68	0	0.00
11	Tooth paste and brush - mother	57	62.64	4	4.40	30	32.97
12	Rubber sheet + bed sheet - child	90	98.90	9	9.89	0	0.00
13	Cover for child	77	84.62	0	0.00	0	0.00
14	Soap – child	77	84.62	33	36.26	0	0.00
15	Rubber sheet – child	68	74.73	34	37.36	0	0.00
16	Diaper - child	67	73.63	35	38.46	0	0.00
17	Baby shirt - child	80	87.91	35	38.46	0	0.00
18	Sweater + cap + socks	80	87.91	36	39.56	0	0.00
19	Plastic bag (kit)	67	73.63	36	39.56	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	0(0.00)	19 (20.88)	19 (20.88)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	0(0.00)	14 (15.38)	14 (15.38)
<b>2013</b>	2(6.90)	0(0.00)	0(0.00)	0(0.00)	21 (23.08)	21 (23.08)
<b>2014</b>	0(0.00)	0(0.00)	1(2.70)	0(0.00)	18 (19.78)	18 (19.78)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	0(0.00)	19 (20.88)	19 (20.88)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>91(100.00)</b>	<b>91(100.00)</b>



## **Conclusion:**

- There is a declining trend in the number of Institutional deliveries since 2012 with drastic reduction in 2014-15. The supply of Madilu has been very poor with regards to the number of Institutional deliveries in 2014-15.
- Mosquito curtain was not received by 65.9% of the beneficiaries.
- Tooth paste + brush(18.7%) and coconut oil (38.5%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 89% of the respondents and none of them paid cash to receive the kit.
- The carpet (92%) and rubber sheet (98%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “very useful” by all the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Chamrajnagar:**

### **KOLLEGAL**

### **LOKKANAHALLI**

Female participant, 23 years old, 2015 beneficiary, raised an issue saying with a question “*the mosquito nets which were supplies in 2010-11 were not supplied to us in the kit. Why was this partiality?*”

Female participant, 23 years old, 2015 beneficiary told *“The tooth paste which is given is not a good one. We want either colgate or pepsodent which we use regularly. Tooth brush broke after 3 times of usage”*

### **BEDUGULI**

It is an area in the borders of the state of Tamil Nadu. Only government vehicles allowed were to penetrate this area as it is a reserved forest area, 20 kms from the main road (Punajoor Gate). The respondents were satisfied with the issue of the kit. One participant said *“I am so happy that the government has given us this kit as we will not be able to pay for all these items like bed sheet, mosquito nets from our pockets”*

Only one participant was available and she consented for a in-depth interview. She got the kit from the staff nurse. The PHC runs only on Sundays. Yet she was supplied with the kit on time.

On probing her about the quality and timeliness, she said the *“JSY-PRASOOTHI amount was obtained very late after a great delay. The kit was good and it was with a good standard. I don't have any specific demands”*

### **HONGANOORU**

One female participant, 20 years old 2014-15 beneficiary, said *“the mosquito net was not provided and I don't need protection for myself. The mosquito net should be in a hood fashion to cover the baby. You must also provide me with baby oil or cream and not coconut oil”*

## CHIKKABALLAPUR DISTRICT

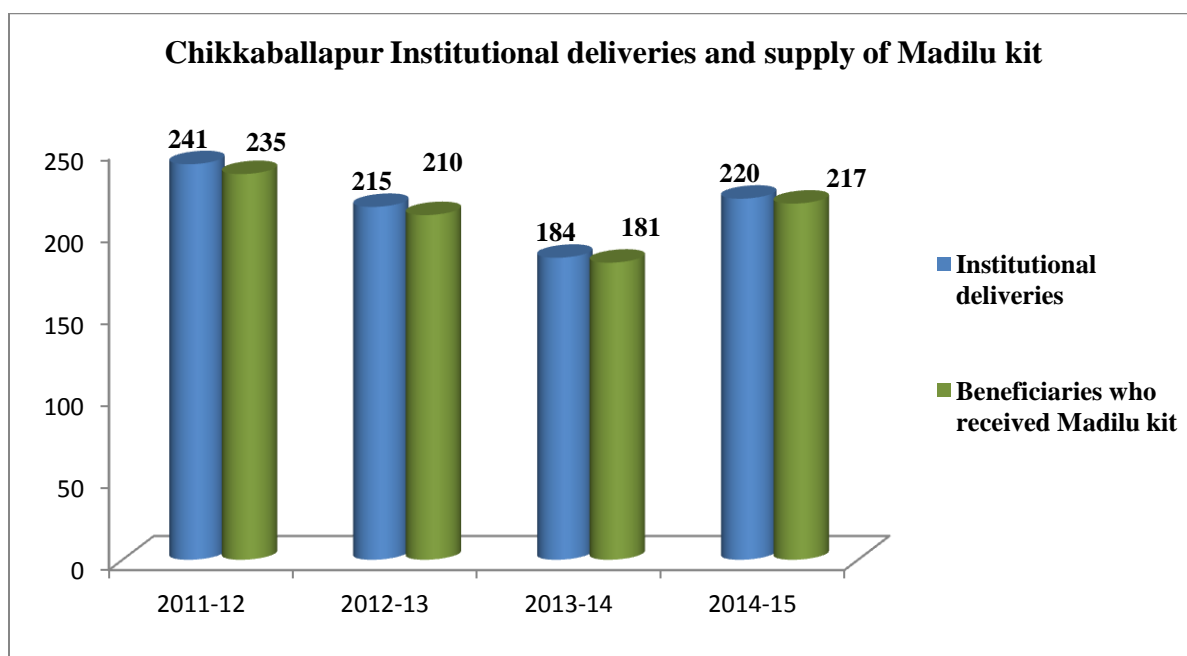
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	1
Total number of Sub-district Hospitals	23
Total number of Primary Health Centres	54
Total number of sub-centres	203

Table 2: Areas selected by sampling in the district

Taluks	PHCs
Chintamani	Kaiwara (24x7)
Gowribidanur	Hossur (24x7)
	Namagondlu (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Chikkaballapur (Hospital Data)



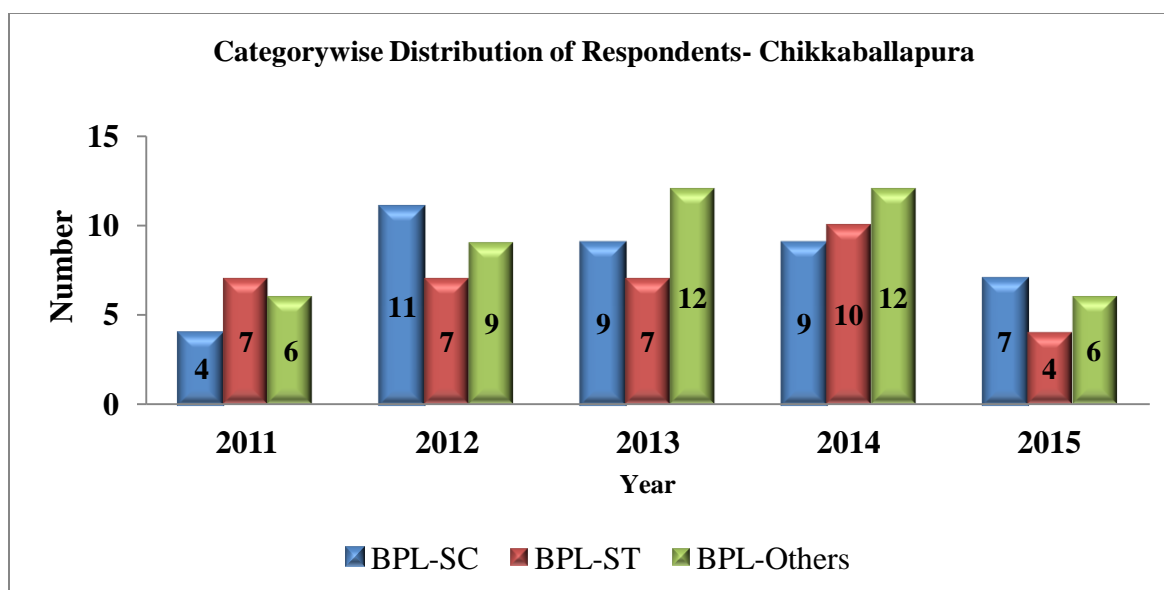
There is a good improvement in the number of Institutional deliveries since 2012 with a significant improvement in 2014-15. The supply of Madilu has been appreciably good in par with the number of Institutional deliveries in 2014-15.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	40	35	45	120
<b>Mean age ± SD</b>	24.57 ± 3.37	24.77 ± 3.34	24.91 ± 3.67	24.46 ± 3.43
<b>Monthly income (mean)</b>	3000	3500	2800	3000
<b>Average family size</b>	5.5	5.34	5.24	5.36
<b>Education status</b>				
<b>Literate</b>	95.00	100.00	100.00	98.33
<b>Illiterate</b>	5.00	0.00	0.00	1.67
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0.0	0.0	1(2.2)	1(0.8)
<b>Class III</b>	0.0	3(8.6)	4(8.9)	7(5.8)
<b>Class IV</b>	2(5.0)	3(8.6)	3(6.7)	8(6.7)
<b>Class V</b>	38(95.0)	29(82.9)	37(82.2)	104(86.7)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Chikballapur**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	66	55.00

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
13	Cover for child	14	11.67	0	0.00	1	0.83
14	Soap – child	6	5.00	0	0.00	0	0.00
17	Baby shirt - child	13	10.83	0	0.00	1	0.83
18	Sweater + cap + socks	2	1.67	0	0.00	31	25.83

**Table 6: Mode of delivery- Chamrajnagar respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	TOTAL
115(95.83)	1(0.83)	4(3.33)	120 (100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
103(85.81)	17(14.19)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Chikballapur respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
115(95.83)	5(4.17)	120(100)	85

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	16	29.09	38	69.09	1	1.82
2	Carpet (Medium size)	28	23.33	88	73.33	4	3.33
3	Bed Sheet (Medium)	33	27.50	87	72.50	0	0.00
4	Thick Covering sheet for mother	27	22.50	93	77.50	0	0.00
5	Soap –mother	29	24.17	91	75.83	0	0.00

6	Washing soap	26	21.67	94	78.33	0	0.00
7	Cloth for tying around stomach - mother	23	19.17	97	80.83	0	0.00
8	Sanitary pads (square cotton cloth with noose)	15	12.50	100	83.33	5	4.17
9	Comb and coconut oil - mother	25	20.83	95	79.17	0	0.00
10	Towel - mother	34	28.33	86	71.67	0	0.00
11	Tooth paste and brush - mother	35	29.17	85	70.83	0	0.00
12	Rubber sheet + bed sheet - child	25	20.83	95	79.17	0	0.00
13	Cover for child	30	25.00	90	75.00	0	0.00
14	Soap – child	37	30.83	83	69.17	0	0.00
15	Rubber sheet – child	27	22.50	92	76.67	1	0.83
16	Diaper - child	30	25.00	84	70.00	6	5.00
17	Baby shirt - child	24	20.00	85	70.83	11	9.17
18	Sweater + cap + socks	22	18.33	84	70.00	14	11.67
19	Plastic bag (kit)	15	12.50	70	58.33	35	29.17

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

<b>Year</b>	<b>Useless</b>	<b>Less Useful</b>	<b>Neutral</b>	<b>Useful</b>	<b>Very useful</b>	<b>Total</b>
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	12(70.59)	5(29.41)	17(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	17(62.96)	10(37.04)	27(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	24(85.71)	4(14.29)	28(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	23(74.19)	8(25.81)	31(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	11(64.71)	6(35.29)	17(100.00)
<b>Total</b>	0(0.00)	0(0.00)	0(0.00)	87(72.50)	33(27.50)	120(100.00)

## **Conclusion:**

- There is a good improvement in the number of Institutional deliveries since 2012 with a significant improvement in 2014-15. The supply of Madilu has been appreciably good in par with the number of Institutional deliveries in 2014-15.
- Mosquito curtain was not received by 55% of the beneficiaries.
- Baby Sweaters + Socks + cap (32%), covering sheet for child (15%) and baby dress (14%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was prompt for 86% of the respondents and five of them paid cash (Rs.85/- on average) to receive the kit.
- The child soap (30%) and mosquito curtain (29%) supplied in the kit were found to be most useful. But the usefulness mentioned is by a very low proportion of the respondents who received the kit.
- Baby Sweaters + Socks + cap (12%) and kit bag (29%) were quotes as useless by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by all the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Chikkaballapur:**

### **Chintamani**

Mosquito nets were supplied in this area as it was dengue affected a few months back but it was not included in the kit and supplied separately which was pointed out by a participant “*I received the mosquito kit a week later after delivery and receipt of the Madilu kit in the hospital*”



One participant said *“The quality of the baby sweaters provided in the kit is not good. It is very thin and small sized and does not resist cold”*

Another beneficiary said *“I dint get the JSY/PA amount but I had received Madilu kit on time”*

ANMs and ASHAs mentioned that the kit was supplied promptly to the beneficiaries at the time of birth at the PHCs. If they delivered in a CHC, then the time delay is definitely there as it requires confirmation from higher authorities.

### **Gowribidanur**

The time of delivery of the kit was prompt for most of the beneficiaries interviewed as the materials but there was a discrepancy regarding the quality of the materials in the kit. The ANMs and ASHAs stated that the kit was provided promptly as they could were given proper instructions from the medical officer at the centres. The ANM stated *“we have supplied the Madilu kit to most of the mothers as it is their rights to receive it on time as mentioned by our medical officer.”*

The beneficiaries also were not happy about the delay in the delivery of the JSY/PSA money. One of the participants put a request stating *“it would help if they give the mother’s money little earlier as we have to meet lot of expenditures during the delivery”*

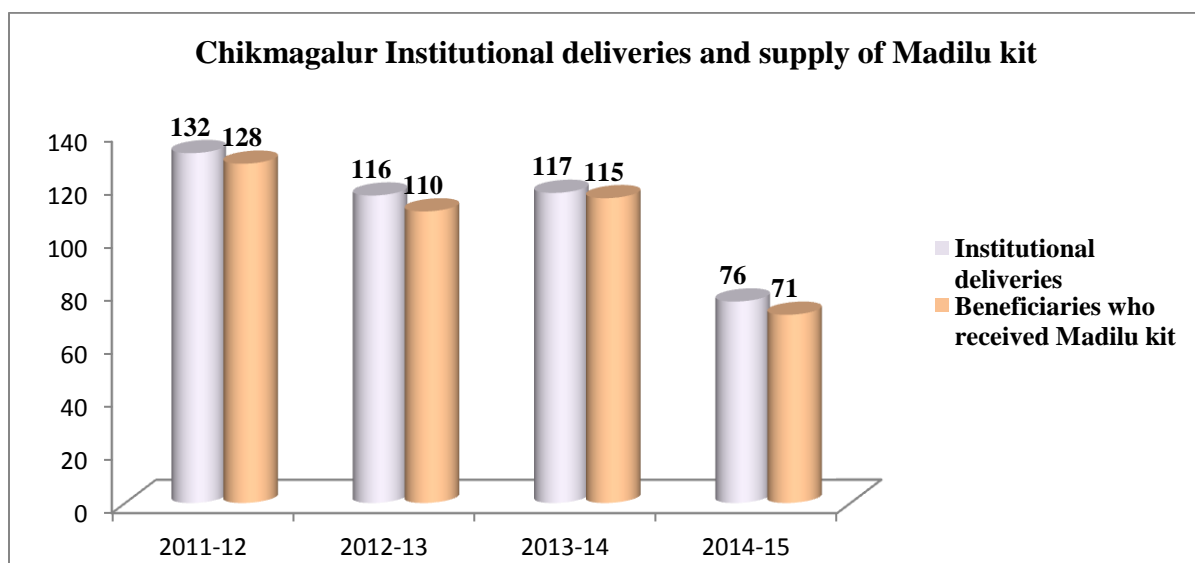
## CHIKMAGALUR DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	5
Total number of Sub-district Hospitals	27
Total number of Primary Health Centres	86
Total number of sub-centres	368

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Koppa	Bandigadi
Shringeri	Hariharapura (24x7)
	Shanthigrama

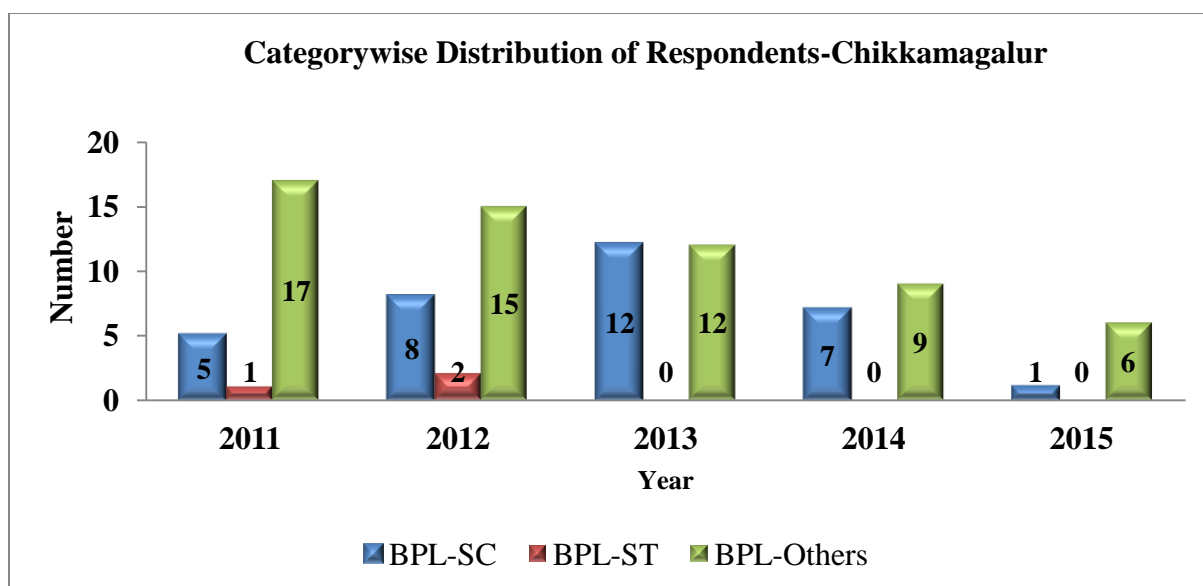
**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Chikmagalur (Hospital Data)**

There is a gradual decline in the number of Institutional deliveries since 2011 with a significant decline in 2014-15. The supply of Madilu kits was in par with the number of Institutional deliveries but has constantly remained lower.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	33	3	59	95
<b>Mean age ± SD</b>	23.21 3.39	22.33 2.51	24.58 3.64	24.03 3.57
<b>Monthly income (mean)</b>	4531	4667	4399	4415
<b>Average family size</b>	5.73	4.66	4.89	5.18
<b>Education status</b>				
<b>Literate</b>	87.88	100.00	91.53	90.53
<b>Illiterate</b>	12.12	0.00	8.47	9.47
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0(0.0)	0(0.0)	2(3.4)	2(2.1)
<b>Class IV</b>	15(45.5)	0(0.0)	39(66.1)	54(56.8)
<b>Class V</b>	17(51.5)	3(100.0)	18(30.5)	38(40.0)
<b>No Information</b>	1(3.0)	0(0.0)	0(0.0)	1(1.1)

**Graph 2: Year wise and caste wise distribution of respondents in Chikkamagalur****Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	2	2.11

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
2	Carpet (Medium size)	0	0.00	0	0.00	32	33.68
3	Bed Sheet (Medium)	0	0.00	0	0.00	22	23.16
12	Rubber sheet - child	0	0.00	0	0.00	6	6.32
16	Diaper - child	0	0.00	0	0.00	5	5.26
17	Baby shirt - child	0	0.00	0	0.00	3	3.16

**Table 6: Mode of delivery- Chikkamagalur respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	TOTAL
95(100.00)	0(0.00)	0(0.00)	95(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
76(76.84)	22(23.16)	95(100)

**Table 8: Payment of money for receipt of Madilu kit by Chikkamagalur respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
82(86.32)	13(13.68)	95(100)	50

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	11	91.67	1	8.33	0	0.00
2	Carpet (Medium size)	61	64.21	34	35.79	0	0.00
3	Bed Sheet (Medium)	64	67.37	30	31.58	1	1.05
4	Thick Covering sheet for mother	41	43.16	54	56.84	0	0.00
5	Soap –mother	89	93.68	6	6.32	0	0.00
6	Washing soap	93	97.89	2	2.11	0	0.00

7	Cloth for tying around stomach - mother	49	51.58	46	48.42	0	0.00
8	Sanitary pads (square cotton cloth with noose)	48	50.53	47	49.47	0	0.00
9	Comb and coconut oil - mother	94	98.95	1	1.05	0	0.00
10	Towel - mother	93	97.89	2	2.11	0	0.00
11	Tooth paste and brush - mother	93	97.89	2	2.11	0	0.00
12	Rubber sheet + bed sheet - child	92	96.84	3	3.16	0	0.00
13	Cover for child	93	97.89	2	2.11	0	0.00
14	Soap – child	93	97.89	2	2.11	0	0.00
15	Rubber sheet – child	93	97.89	2	2.11	0	0.00
16	Diaper - child	93	97.89	2	2.11	0	0.00
17	Baby shirt - child	92	96.84	3	3.16	0	0.00
18	Sweater + cap + socks	93	97.89	2	2.11	0	0.00
19	Plastic bag (kit)	92	96.84	3	3.16	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	23(100.00)	0(0.00)	23(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	25(100.00)	0(0.00)	25(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	24(100.00)	0(0.00)	24(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	16(100.00)	0(0.00)	16(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	7(100.00)	0(0.00)	7(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>95(100.00)</b>	<b>0(0.00)</b>	<b>95(100.00)</b>

**Conclusion:**

- There is a gradual decline in the number of Institutional deliveries since 2011 with a significant decline in 2014-15. The supply of Madilu kits was in par with the number of Institutional deliveries but has constantly remained lower.
- Mosquito curtain was not received by 2% of the beneficiaries.
- Carpet (33%), bed sheet (23%), rubber sheet (6%) and baby dresses (5%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 77% of the respondents and 13 of them paid cash (Rs.50/- on average) to receive the kit.
- Comb and coconut oil (98%), Baby materials including Sweaters + Socks + cap, baby dresses (97%) and washing soap (97%) were quoted as most useful by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by all the respondents.

**Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Chikkamagalur:**

**Koppa**

The respondents felt that the components included in the kit are useful but their quality and size needs revision. One participant said “*the bed sheet and the sweater were very small-sized that it goes useless when the baby grows*”

She further added that “*provide slippers for the mothers instead of sanitary pad like cloths*”

Another participant (2013-14) made her point strong saying “*There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time*”

## Shringeri

The respondents mentioned that components of the kit were useful as a whole and with special mention about the linen supplied. One participant said *“the carpet and blanket are very useful inclusions as we may not be able to buy them from our own money”*

ANMs and ASHAs mentioned that the respondents are highly satisfied with the kit and its components but they have their own preferences for locally available brands of soaps and cosmetics.



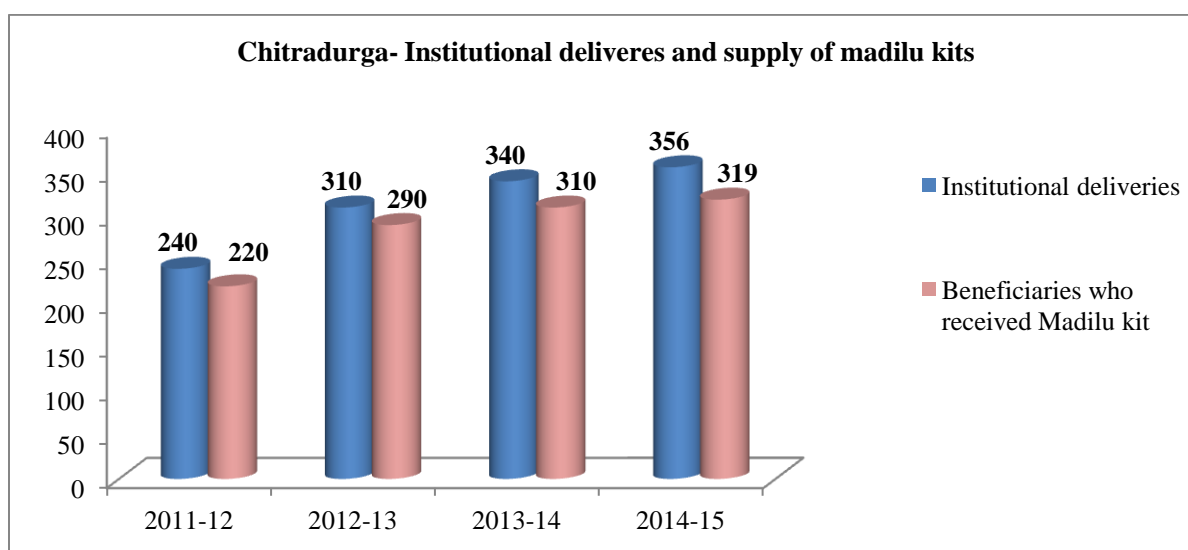
## CHITRADURGA DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	11
Total number of Sub-district Hospitals	23
Total number of Primary Health Centres	77
Total number of sub-centres	330

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Chitradurga	Haikal (24x7)
Hosadurga	Turuvanuru (24x7)
	Janakal (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Chitradurga (Hospital Data)**

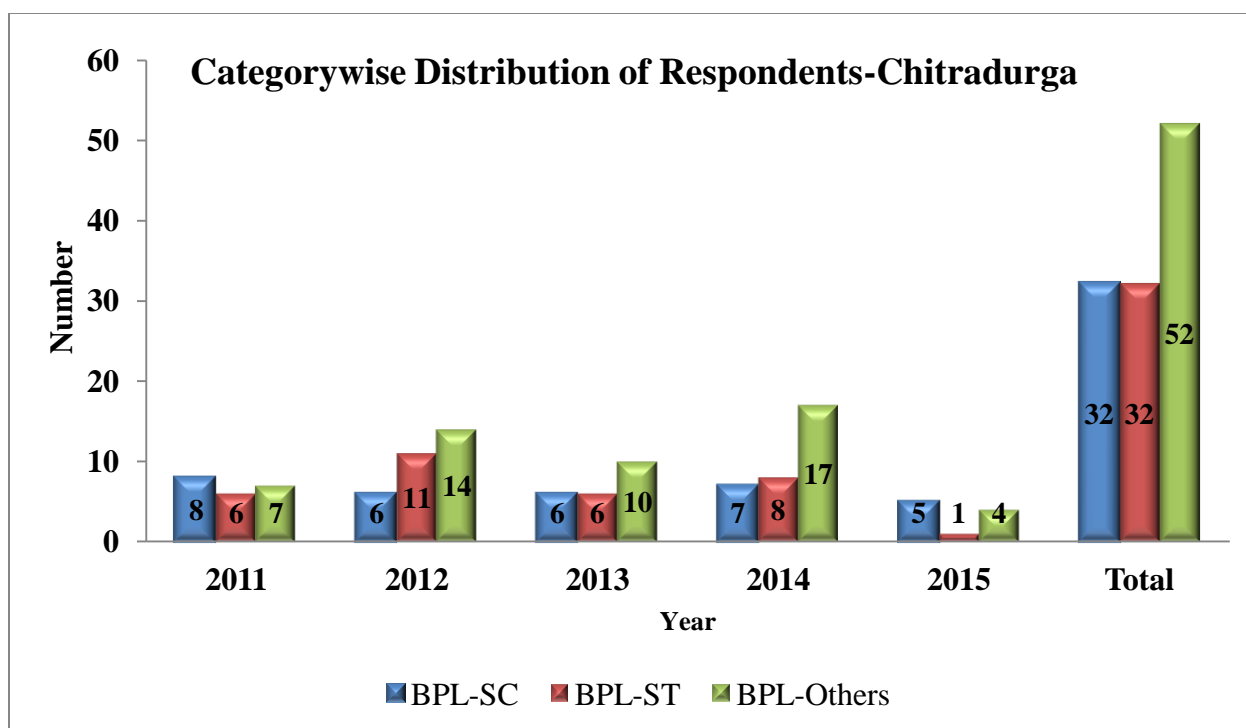
There is a good improvement in the number of Institutional deliveries since 2011 with a significant improvement in the supply of Madilu kits in par with the number of Institutional deliveries.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	45	34	42	121
<b>Mean age <math>\pm</math> SD</b>	22.76 $\pm$ 2.26	22.88 $\pm$ 2.30	23.48 $\pm$ 2.37	23.04 $\pm$ 2.33
<b>Monthly income (mean)</b>	5805	5591	5738	5720
<b>Average family size</b>	7.33	6.68	6.62	6.9
<b>Education status</b>				
<b>Literate</b>	93.33	97.06	95.24	95.04
<b>Illiterate</b>	6.67	2.94	4.76	4.96
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0.0	2(5.9)	3(7.1)	5(4.1)
<b>Class IV</b>	21(46.7)	20(58.8)	24(57.1)	65(53.7)
<b>Class V</b>	20(44.4)	11(32.4)	15(35.7)	46(38.0)
<b>No Information</b>	4(8.9)	1(2.9)	0.0	5(4.1)

**Graph 2: Year wise and caste wise distribution of respondents in Chitradurga**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	111	91.74

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	99	81.82	1	0.83	0	0.00
19	Plastic bag (kit)	0	0.00	72	59.50	0	0.00

**Table 6: Mode of delivery- Chitradurga respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	TOTAL
121(100.00)	0(0.00)	0(0.00)	121(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
1(0.83)	120(99.17)	121(100)

**Table 8: Payment of money for receipt of Madilu kit by Chitradurga respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
119(98.35)	2(1.65)	121(100)	50

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	6	66.67	3	33.33	0	0.00
2	Carpet (Medium size)	62	51.24	59	48.76	0	0.00
3	Bed Sheet (Medium)	62	51.24	59	48.76	0	0.00
4	Thick Covering sheet for mother	42	34.71	77	63.64	2	1.65
5	Soap –mother	55	45.45	65	53.72	1	0.83
6	Washing soap	46	38.02	75	61.98	0	0.00
7	Cloth for tying around stomach - mother	59	48.76	62	51.24	0	0.00

8	Sanitary pads (square cotton cloth with noose)	59	48.76	62	51.24	0	0.00
9	Comb and coconut oil - mother	40	33.06	81	66.94	0	0.00
10	Towel - mother	40	33.06	81	66.94	0	0.00
11	Tooth paste and brush - mother	49	40.50	72	59.50	0	0.00
12	Rubber sheet + bed sheet - child	44	36.36	77	63.64	0	0.00
13	Cover for child	38	31.40	83	68.60	0	0.00
14	Soap – child	38	31.40	83	68.60	0	0.00
15	Rubber sheet – child	48	39.67	73	60.33	0	0.00
16	Diaper - child	84	69.42	37	30.58	0	0.00
17	Baby shirt - child	73	60.33	48	39.67	0	0.00
18	Sweater + cap + socks	96	79.34	25	20.66	0	0.00
19	Plastic bag (kit)	37	30.58	83	68.60	1	0.83

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

<b>Year</b>	<b>Useless</b>	<b>Less Useful</b>	<b>Neutral</b>	<b>Useful</b>	<b>Very useful</b>	<b>Total</b>
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	7(100.00)	0(0.00)	7(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	14(100.00)	0(0.00)	14(100.00)
<b>2013</b>	0(0.00)	5(0.00)	10(0.00)	5(100.00)	0(0.00)	5(100.00)
<b>2014</b>	0(0.00)	5(0.00)	30(0.00)	9(100.00)	0(0.00)	9(100.00)
<b>2015</b>	0(0.00)	10(0.00)	20(0.00)	6(100.00)	0(0.00)	6(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>20(16.5)</b>	<b>60(50.00)</b>	<b>41(33.8)</b>	<b>0(0.00)</b>	<b>121(100.00)</b>

**Conclusion:**

- There is a good improvement in the number of Institutional deliveries since 2011 with a significant improvement in the supply of Madilu kits in par with the number of Institutional deliveries.
- Mosquito curtain was not received by 91.7% of the beneficiaries.
- Baby dress (82%) and kit bag (60%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 99% of the respondents and 2 of them paid cash (Rs.50/- on average) to receive the kit.
- Baby Sweaters + Socks + cap (79%) and baby diapers (69%) were quoted as most useful by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “neutral (neither useless nor useful)” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Chitradurga:**

#### **Chitradurga Taluk**

Participants raised an interesting question regarding the failed supply of mosquito net in the kit. The mosquito nets are used only for prevention from mosquito bite and not a treatment for dengue. Hence its supply restricted only to the dengue affected areas was a matter of sarcasm among the beneficiaries. Female participant, 23 years old, 2015 beneficiary, raised an issue saying with disagreement “*our area is having mosquitoes yet since no malaria cases were reported the mosquito nets were not supplied to us in the kit.*”

#### **Hosadurga Taluk**

The respondents mentioned that the kit bag used for holding the materials needs to be changed to a better quality one for domestic usage as it cannot be used for any other purpose other than holding the kit materials. One participant said *“the bag can be modified to a travel bag as we cannot afford to buy a travel bag or suitcase of that size”*

ANMs and ASHAs mentioned that the mosquito nets supply was stopped since 2014.

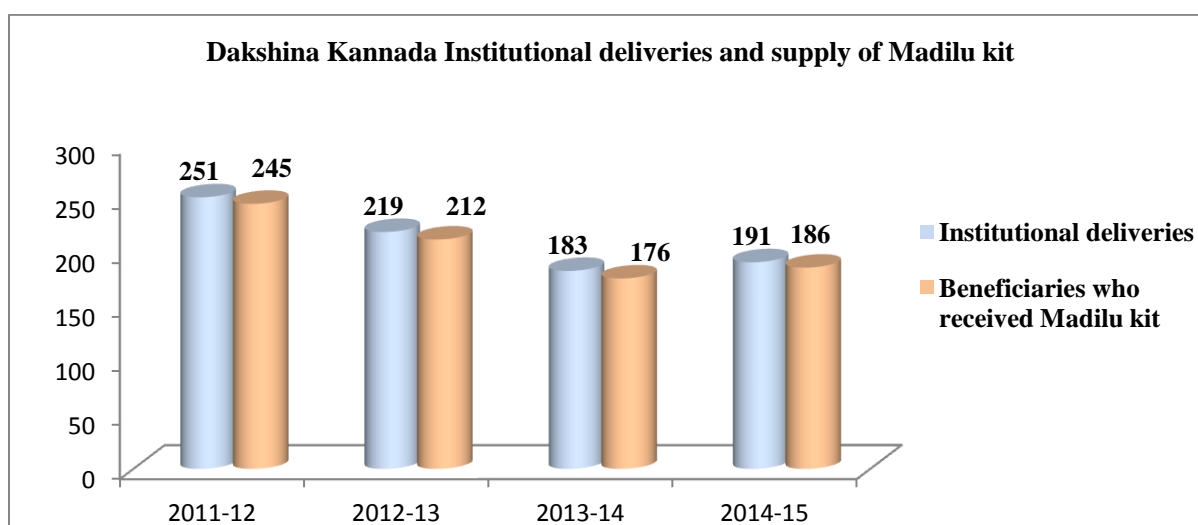
## DAKSHIN KANNADA DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	19
Total number of Primary Health Centres	64
Total number of sub-centres	430

**Table 2: Areas selected by sampling in the district**

Taluku	PHCs
Mangalore	Katipalla (24x7)
Puttur	Ullal (24x7)
	Thingalady

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Dakshina Kannada (Hospital Data)**



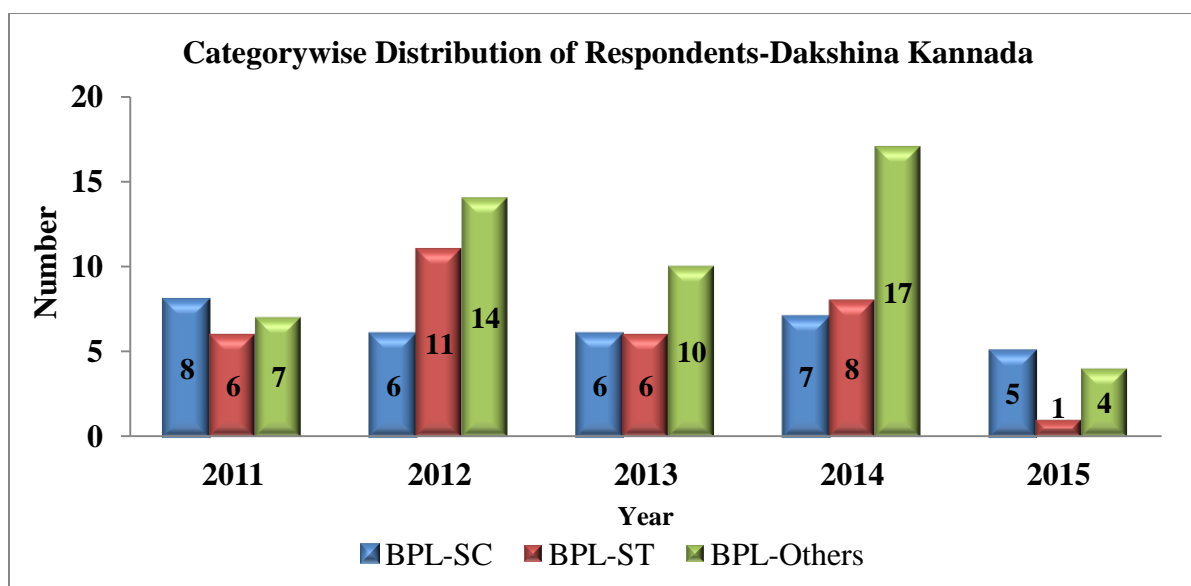
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	32	32	52	116
<b>Mean age ± SD</b>	25.06 ± 3.83	25.19 ± 3.78	26.46 ± 3.81	25.72 ± 3.82
<b>Monthly income (mean)</b>	4053	3875	3885	3929
<b>Average family size</b>	3.5	3.53	3.25	3.39
<b>Education status</b>				
<b>Literate</b>	90.63	96.88	98.08	95.69
<b>Illiterate</b>	9.38	3.13	1.92	4.31
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	2(3.8)	2(1.7)
<b>Class III</b>	9(28.1)	5(15.6)	9(17.3)	23(19.8)
<b>Class IV</b>	16(50.0)	22(68.8)	30(57.7)	68(58.6)
<b>Class V</b>	7(21.9)	5(15.6)	11(21.2)	23(19.8)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Dakshina Kannada**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	116	100.00

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
7	Cloth for tying around stomach - mother	7	5.74	0	0.00	0	0.00
8	Sanitary pads	7	5.74	0	0.00	0	0.00
16	Diaper - child	16	13.11	0	0.00	0	0.00
17	Baby shirt - child	3	2.46	0	0.00	0	0.00

**Table 6: Mode of delivery- Dakshina Kannada respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	Total
116(100.00)	0(0.00)	0(0.00)	116 (100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
116(100.00)	0(0.00)	116 (100.00)

**Table 8: Payment of money for receipt of Madilu kit by respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
116(100.00)	0(0.00)	116(100.00)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	0	-	0	-	0	-
2	Carpet (Medium size)	0	0.00	116	100.00	0	0.00
3	Bed Sheet (Medium)	0	0.00	116	100.00	0	0.00
4	Thick Covering sheet for mother	0	0.00	116	100.00	0	0.00

5	Soap –mother	0	0.00	116	100.00	0	0.00
6	Washing soap	0	0.00	116	100.00	0	0.00
7	Cloth for tying around stomach - mother	0	0.00	116	100.00	0	0.00
8	Sanitary pads (square cotton cloth with noose)	0	0.00	70	60.34	46	39.66
9	Comb and coconut oil - mother	0	0.00	96	82.75	20	17.25
10	Towel - mother	0	0.00	116	100.00	0	0.00
11	Tooth paste and brush - mother	0	0.00	116	100.00	0	0.00
12	Rubber sheet + bed sheet - child	0	0.00	116	100.00	0	0.00
13	Cover for child	0	0.00	116	100.00	0	0.00
14	Soap – child	0	0.00	116	100.00	0	0.00
15	Rubber sheet – child	0	0.00	116	100.00	0	0.00
16	Diaper - child	0	0.00	116	100.00	0	0.00
17	Baby shirt - child	0	0.00	116	100.00	0	0.00
18	Sweater + cap + socks	0	0.00	116	100.00	0	0.00
19	Plastic bag (kit)	0	0.00	116	100.00	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	21(100.00)	0(0.00)	21(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	29(93.55)	2(6.45)	31(100.00)
<b>2013</b>	0(0.00)	0(0.00)	1(4.55)	20(90.91)	1(4.55)	22(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	32(100.00)	0(0.00)	32(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	10(100.00)	0(0.00)	10(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>1(0.86)</b>	<b>112(96.55)</b>	<b>3(2.59)</b>	<b>116(100.00)</b>

## Conclusion:

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 but the supply of Madilu kits has been in par with the deliveries.
- Mosquito curtain was not received by any (100%) of the beneficiaries.
- Baby Sweater + cap + socks (20%) and child dress (1%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 31.5% of the respondents with 9 of them paying cash (Rs.156/- on an average) to receive the kit.
- The covering cloth with hood (100%) and rubber sheet (91%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “very useful” by all the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Dakshina Kannada:**

### **Mangalore Taluk**

Mosquito nets were not supplied and not included in the kit as it was not dengue affected area which was pointed out by a participant “*I did not receive the mosquito net in the kit as our area is not dengue affected*”

The quality of the coconut oil supplied in the kit was most speculated by most of the beneficiaries. One female participant mentioned with a frown “*There was no need for a comb and a smelling coconut oil bottle in the kit as it is anyway useless*”

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female participant (2014-15) who said *“the sweater, cap and socks are too small that it is even difficult for baby’s head to enter.”*

One ASHA worker supplemented the first beneficiary and declared that *“the Madilu kits were out of stock since January 2015 to June 2015”*

### **Puttur Taluk**

The participants were not satisfied with the cloths supplied as sanitary pads. Female participant 21 years old, 2014-15 beneficiaries, said *“Give us sanitary pads instead of the cloths provided in the kit. The cloth is never used for the purpose it is given”*

The participant further added that *“the mosquito nets are not supplied to us while we have more mosquito bites in the evenings. We don’t have any use of the abdomen cord to tie around which can be replaced with slippers for walking”*

The participants were totally dissatisfied with the coconut oil supplied in the kit.

The beneficiaries also were not happy about the delay in the delivery of the JSY/PSA money.

One of the participants put a request stating *“please try to give the mother’s money little earlier as we have to meet lot of expenditures during the delivery”*

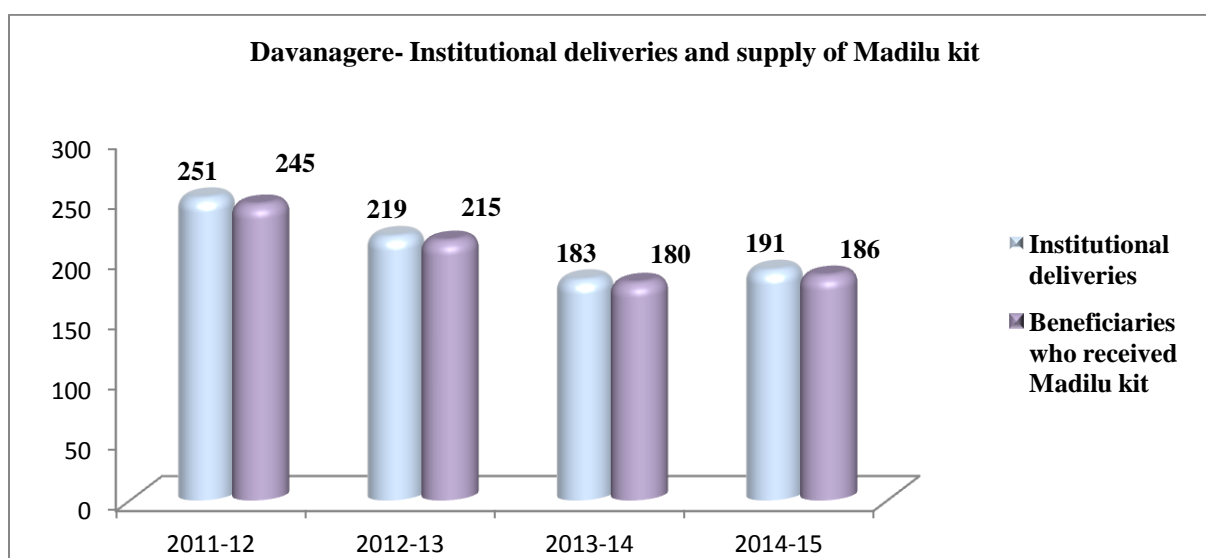
## DAVANGERE DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	23
Total number of Primary Health Centres	94
Total number of sub-centres	325

**Table 2: Areas selected by sampling in the district**

Taluku	PHCs
Davangere	Anaji (24x7)
Jagalur	Kodaganur (24x7)
	Bilachodu (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Davangere (Hospital Data)**

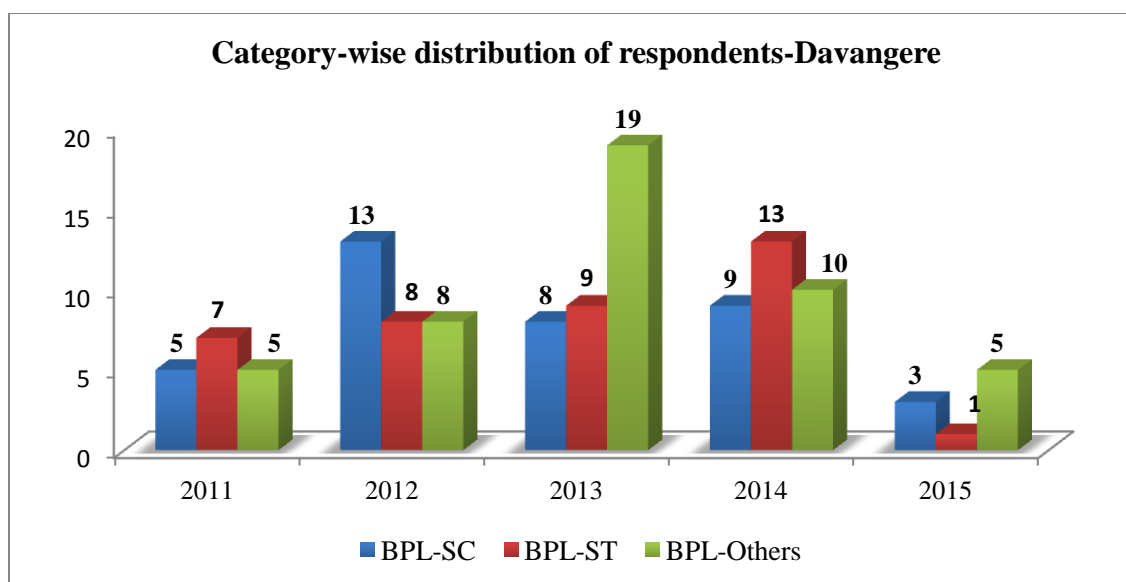
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	38	38	47	123
<b>Mean age ± SD</b>	23.5 ± 2.52	22.95 ± 2.46	22.70 ± 2.52	23.02 ± 2.52
<b>Monthly income (mean)</b>	6000	6000	6023	6009
<b>Average family size</b>	5.68	5.92	5.89	5.84
<b>Education status</b>				
<b>Literate</b>	100.00	100.00	2.13	0.81
<b>Illiterate</b>	0.00	0.00	97.97	99.19
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	5(13.2)	2(5.3)	4(8.5)	11(8.9)
<b>Class IV</b>	30(78.9)	28(73.7)	37(78.7)	95(77.2)
<b>Class V</b>	2(5.3)	6(15.8)	3(6.4)	11(8.9)
<b>No Information</b>	1(2.6)	2(5.3)	3(6.4)	6(4.9)



**Graph 2: Year wise and caste wise distribution of respondents in Davangere****Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	123	100.00
2	Carpet (Medium size)	1	0.81

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	18	14.63	0	0.00	18	14.63
19	Plastic bag (kit)	0	0.00	5	4.07	0	0.00

**Table 6: Mode of delivery- Davangere respondents (n=105)**

Normal (Vaginal)	Caesarean	Instrumental	Total
121(98.37)	2(1.63)	0(0.00)	123 (100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
1(0.81)	122(99.19)	123(100)

**Table 8: Payment of money for receipt of Madilu kit by Davangere respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
123(100.00)	0(0.00)	123(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	12	15.79	64	84.21	0	0.00
2	Carpet (Medium size)	27	21.95	44	35.77	52	42.28
3	Bed Sheet (Medium)	37	30.08	40	32.52	46	37.40
4	Thick Covering sheet for mother	61	49.59	27	21.95	35	28.46
5	Soap –mother	50	40.65	41	33.33	32	26.02
6	Washing soap	56	45.53	41	33.33	26	21.14

7	Cloth for tying around stomach - mother	65	52.85	27	21.95	31	25.20
8	Sanitary pads (square cotton cloth with noose)	77	62.60	20	16.26	26	21.14
9	Comb and coconut oil - mother	22	17.89	51	41.46	50	40.65
10	Towel - mother	28	22.76	52	42.28	43	34.96
11	Tooth paste and brush - mother	50	40.65	35	28.46	38	30.89
12	Rubber sheet + bed sheet - child	45	36.59	31	25.20	47	38.21
13	Cover for child	47	38.21	48	39.02	28	22.76
14	Soap – child	57	46.34	31	25.20	35	28.46
15	Rubber sheet – child	58	47.15	32	26.02	33	26.83
16	Diaper - child	61	49.59	45	36.59	17	13.82
17	Baby shirt - child	50	40.65	44	35.77	29	23.58
18	Sweater + cap + socks	84	68.29	18	14.63	21	17.07
19	Plastic bag (kit)	38	30.89	58	47.15	27	21.95

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	1(3.23)	0(0.00)	2(6.45)	18(58.06)	10(32.26)	31(100.00)
<b>2012</b>	0(0.00)	1(3.13)	0(0.00)	17(53.13)	14(43.75)	32(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	17(54.84)	14(45.16)	31(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	15(55.56)	12(44.44)	27(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	1(50.00)	1(50.00)	2(100.00)
<b>Total</b>	<b>1(0.81)</b>	<b>1(0.81)</b>	<b>2(1.63)</b>	<b>68(55.28)</b>	<b>51(41.46)</b>	<b>123(100.00)</b>

## **Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by any (100%) of the beneficiaries.
- Baby dress (36%) and kit bag (6%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 99% of the respondents but none of them paid cash to receive the kit.
- The Sweater+cap+socks (68%) and Sanitary pads (62%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Dakshina Kannada:**

### **Davangere Taluk**

Mosquito nets were not supplied and not included in the kit as it was not dengue affected area which was pointed out by a participant *“I did not receive the mosquito net in the kit and when asked it was conveyed that the mosquito net will be given only if it is a dengue affected land”*

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female participant (2014-15) who said *“the sweater, cap and socks are too small that it is even difficult for baby’s head to enter.”*

## **Jaglor Taluk**

The participants were not satisfied with the cloths supplied as sanitary pads. Female participant 21 years old, 2014-15 beneficiaries, said *“Give us sanitary pads instead of the cloths provided in the kit. It is very useful only if it is able to soak”*

The participant further added that *“the mosquito nets are not supplied to us while we have more mosquito bites in the evenings.”*

The participants were totally dissatisfied with the diapers supplied in the kit.

The beneficiaries also were not happy about the delay in the delivery of the JSY/PSA money.

## DHARWAD DISTRICT

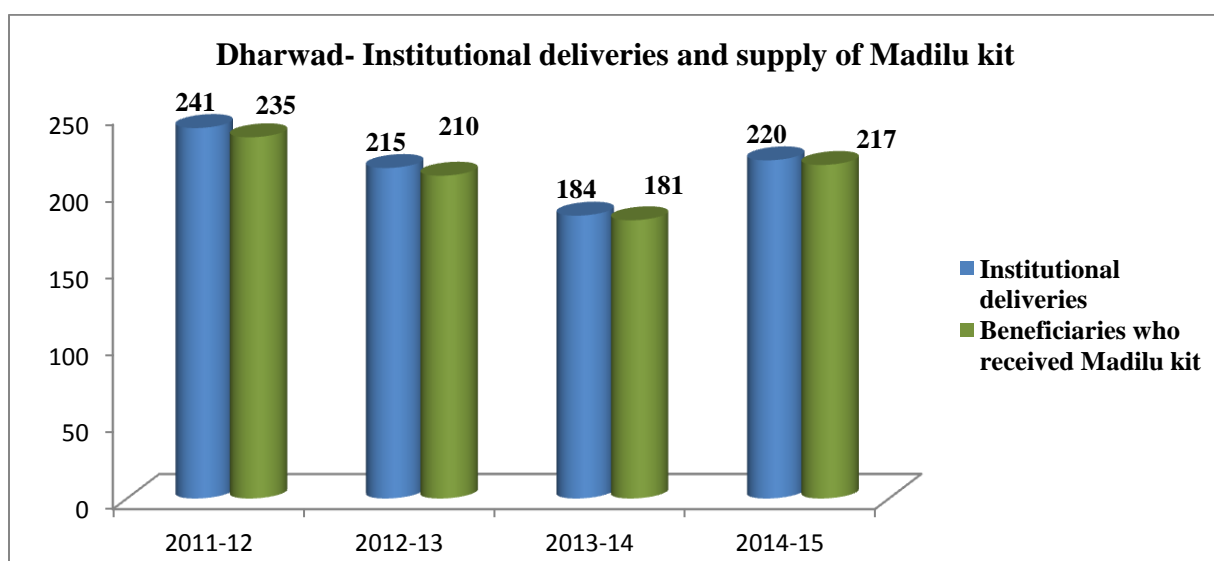
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	4
Total number of Sub-district Hospitals	18
Total number of Primary Health Centres	30
Total number of sub-centres	185

Table 2: Areas selected by sampling in the district

Taluks	PHCs
Dharwad	Amminabhavi (24x7)
Kalaghatgi	U.betageri (24x7)
	Mishrikoti (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Dharwad (Hospital Data)



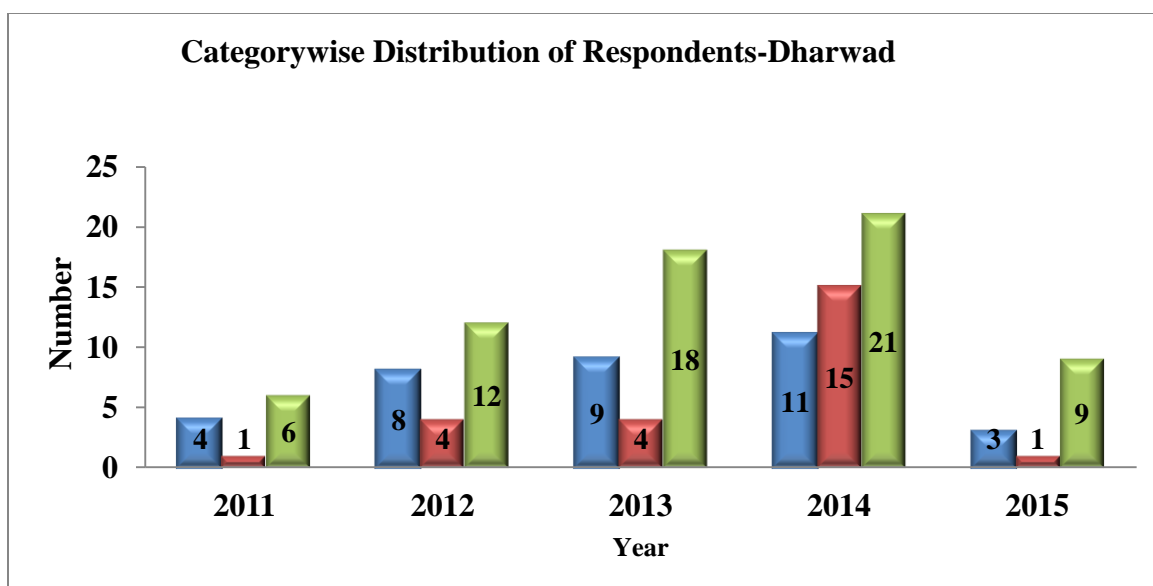
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	35	25	66	126
<b>Mean age ± SD</b>	22.91± 2.59	22.28± 2.09	23.38± 2.79	23.03± 2.34
<b>Monthly income (mean)</b>	5966	5320	5086	5376
<b>Average family size</b>	6.2	5.96	6.39	6.25
<b>Education status</b>				
<b>Literate</b>	94.29	80.00	90.91	89.68
<b>Illiterate</b>	5.71	20.00	9.09	10.32
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	3(12.0)	1(1.5)	4(3.2)
<b>Class III</b>	4(11.4)	0(0.0)	1(1.5)	5(4.0)
<b>Class IV</b>	15(42.9)	11(44.0)	27(40.9)	53(42.1)
<b>Class V</b>	16(45.7)	11(44.0)	37(56.1)	64(50.8)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Dharwad**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	68	53.97

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	17	13.49	0	0.00	0	0.00
19	Plastic bag (kit)	0	0.00	38	30.16	0	0.00



**Table 6: Mode of delivery- Dharwad respondents (n=126)**

Normal (Vaginal)	Caesarean	Instrumental	Total
102(91.07)	10(8.93)	0(0.00)	112(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
37(33.04)	75(66.96)	112(100)

**Table 8: Payment of money for receipt of Madilu kit by Dharwad respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
120(99.17)	1(0.83)	121(100)	75

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	21	20.59	30	29.41	51	50.00
2	Carpet (Medium size)	32	43.24	42	56.76	0	0.00
3	Bed Sheet (Medium)	33	44.59	41	55.41	0	0.00
4	Thick Covering sheet for mother	31	38.75	49	61.25	0	0.00
5	Soap –mother	25	34.25	48	65.75	0	0.00
6	Washing soap	24	32.00	50	66.67	1	1.33

7	Cloth for tying around stomach - mother	14	19.18	58	79.45	1	1.37
8	Sanitary pads (square cotton cloth with noose)	8	11.11	63	87.50	1	1.39
9	Comb and coconut oil - mother	6	8.33	66	91.67	0	0.00
10	Towel - mother	8	11.27	63	88.73	0	0.00
11	Tooth paste and brush - mother	11	14.67	64	85.33	0	0.00
12	Rubber sheet + bed sheet - child	9	12.33	64	87.67	0	0.00
13	Cover for child	7	9.46	67	90.54	0	0.00
14	Soap – child	8	10.96	64	87.67	1	1.37
15	Rubber sheet – child	5	7.04	66	92.96	0	0.00
16	Diaper - child	4	5.80	65	94.20	0	0.00
17	Baby shirt - child	4	5.63	65	91.55	2	2.82
18	Sweater + cap + socks	9	90.00	0	64.00	1	10.00
19	Plastic bag (kit)	3	4.29	67	95.71	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	6(54.55)	5(45.45)	11(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	9(37.50)	15(62.50)	24(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	14(45.16)	17(54.84)	31(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	13(27.66)	34(72.34)	47(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	2(15.38)	11(84.62)	13(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>44(34.92)</b>	<b>82(65.08)</b>	<b>126(100.00)</b>

## **Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by many (54%) beneficiaries.
- Baby dress (14%) and kit bag (30%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 67% of the respondents and one of them paid cash (Rs.75/-) to receive the kit.
- The Sweater+cap+socks (90%), baby shirt (92%) and Baby diapers(95%) supplied in the kit were found to be most useful.
- The mosquito nets, soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “very useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Dharwad:**

A very detailed FGD was conducted in all the selected PHCs in this district. The respondents were pointing out the mosquito nets not being included in the kit and how a useful product becomes useless if it is not supplied along with the kit. The delay in the issue of JSY/PSA money and Madilu kit due to administrative reasons were pointed out by ANMs and ASHAs.

Overall people felt it's a useful program but the time delay and the quality of some products like the linen, the cosmetics needed improvement.

### **AMINABHAVI**

One Female participant(2013-14 beneficiary) highlighted that *“We are receiving mosquito nets in the Madilu kits only since 2015. Most of the time it is out of stock”*

Other participant interrupted saying *“even though stocks were available, the bed sheet and the sweater were very small-sized and not of much use”*

One ASHA worker supplemented the first beneficiary and declared that *“the Madilu kits were out of stock since January 2015 to June 2015”* and she further added that *“the mothers from the tribal areas who really deserve to get the Madilu kit are not receiving it because of not possessing documents like Thai card”*

Another young mother added with a stern face *“the sweaters provided in the kit lose their colour with one or two washes and gets faded away”* She further emphasized that *“it would be better to add slippers for the mothers as the environment in which we live is very unhygienic”*

On probing about the utilization of JSY/PA money one participant told with ease *“I used that money to buy household stuffs as it was given long after my delivery”*

The above statement was seconded by two more participants.

### **KALAGHATGI (U.BETAGERI)**

A 2014-15 beneficiary highlighted that *“We are receiving mosquito nets separate from Madilu kits pack which is not acceptable. Most of the time it is not given for 4 to 5 months”*

Other participant said *“the bed sheet and the sweater were very small-sized”*

She further added that *“provide slippers for the mothers instead of sanitary pad like cloths”*

Another participant who was a beneficiary from 2013-14 made her point strong saying *“There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time”*

### **MISHIRIKOTI**

A beneficiary from the 2015 beneficiaries group made her demand as in *“The sweaters in the Madilu kit become small as the Madilu kits are given delayed in the 4<sup>th</sup> month by then the child has grown bigger”*

Another mother told *“provide slippers for the mothers”*

### **KALGHATGI**

ASHA worker and ANM worker together made a point *“the kits provided had materials which were in a damaged condition”*

ANM further detailed that *“the beneficiaries are not providing proper documents at the time of issue of the kit. Later they turn up on a later date when the kits are out of stock”*

### **KUNDGOLU**

A (2013-14) beneficiary, pregnant at present posted a demand stating *“kindly provide a slipper for us. We cannot walk barefoot with the child in hand.”*

*“We need sanitary pads and not cloths”* said a mother interrupting the first participant and further added *“the towels provided are very small sized”*

## GADAG DISTRICT

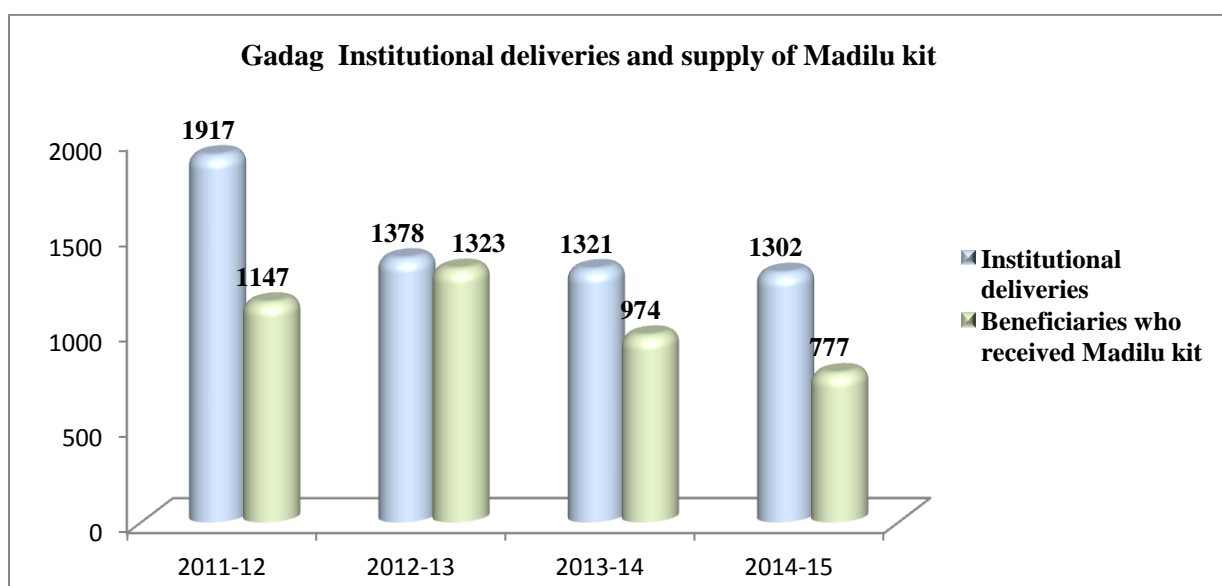
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	2
Total number of Sub-district Hospitals	19
Total number of Primary Health Centres	38
Total number of sub-centres	187

Table 2: Areas selected by sampling in the district

Taluks	PHCs
Ron	Belavanki (24x7)
Shirahatti	Nidagundi (24x7)
	Hebbal (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Gadag (Hospital Data)

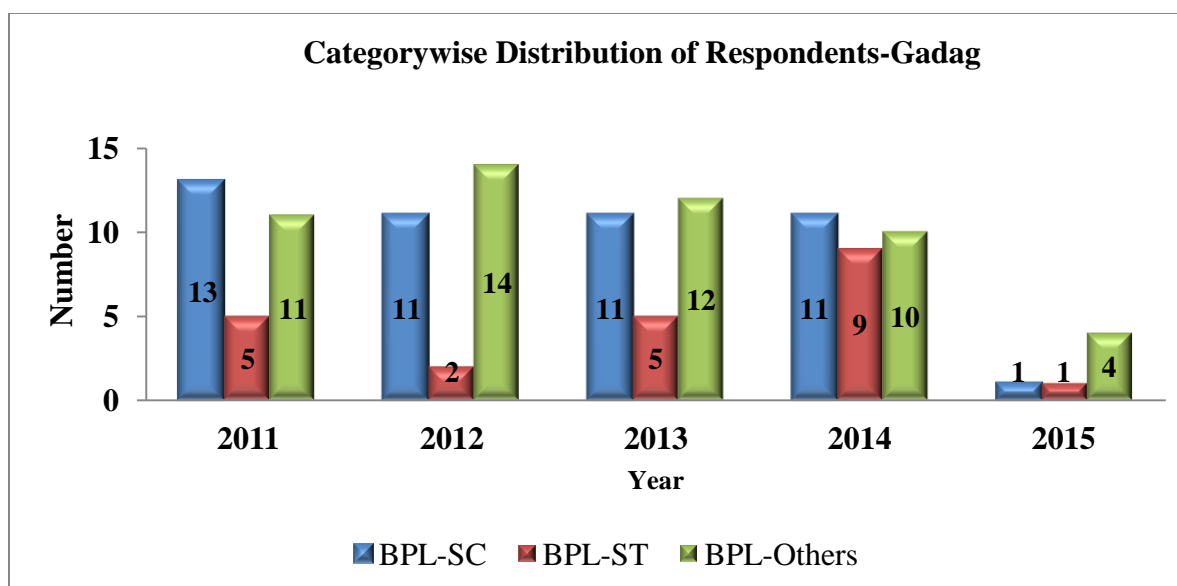


There is a declining trend in the number of Institutional deliveries since 2011 with a significant decrease in 2014-15. The supply of Madilu has also reduced in the past 3 years when compared to the level of institutional deliveries.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	47	22	51	120
<b>Mean age <math>\pm</math> SD</b>	22.66 $\pm$ 2.23	22.41 $\pm$ 2.27	22.17 $\pm$ 2.41	22.38 $\pm$ 2.23
<b>Monthly income (mean)</b>	6668	5145	5555	5956
<b>Average family size</b>	5.3	5.32	5.1	5.22
<b>Education status</b>				
<b>Literate</b>	0.00	0.00	0.00	0.00
<b>Illiterate</b>	100.00	100.00	100.00	100.00
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	1(2.1)	2(9.1)	2(3.9)	5(4.2)
<b>Class III</b>	10(21.3)	3(13.6)	8(15.7)	21(17.5)
<b>Class IV</b>	27(57.4)	8(36.4)	27(52.9)	62(51.7)
<b>Class V</b>	9(19.1)	9(40.9)	14(27.5)	32(26.7)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Gadag****Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	76	63.33

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
13	Cover for child	11	9.17	0	0.00	0	0.00
14	Soap – child	15	12.50	0	0.00	0	0.00
18	Sweater + cap + socks	0	0.00	92	76.67	0	0.00



**Table 6: Mode of delivery- Gadag respondents (n=120)**

Normal (Vaginal)	Caesarean	Instrumental	Total
116(99.15)	1(0.85)	0(0.00)	117(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
1(0.83)	119(99.17)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Gadag respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
120(100.00)	0(0.00)	120(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	40	90.91	4	9.09	0	0.00
2	Carpet (Medium size)	82	68.33	37	30.83	1	0.83
3	Bed Sheet (Medium)	65	54.17	54	45.00	1	0.83
4	Thick Covering sheet for mother	61	50.83	59	49.17	0	0.00
5	Soap –mother	73	60.83	46	38.33	1	0.83
6	Washing soap	80	66.67	36	30.00	4	3.33

7	Cloth for tying around stomach - mother	65	54.17	54	45.00	1	0.83
8	Sanitary pads (square cotton cloth with noose)	78	65.00	42	35.00	0	0.00
9	Comb and coconut oil - mother	79	65.83	37	30.83	4	3.33
10	Towel - mother	74	61.67	46	38.33	0	0.00
11	Tooth paste and brush - mother	69	57.50	51	42.50	0	0.00
12	Rubber sheet + bed sheet - child	65	54.17	55	45.83	0	0.00
13	Cover for child	72	60.00	47	39.17	1	0.83
14	Soap – child	79	65.83	41	34.17	0	0.00
15	Rubber sheet – child	71	59.17	49	40.83	0	0.00
16	Diaper - child	74	61.67	46	38.33	0	0.00
17	Baby shirt - child	67	55.83	53	44.17	0	0.00
18	Sweater + cap + socks	89	74.17	31	25.83	0	0.00
19	Plastic bag (kit)	64	53.33	45	37.50	11	9.17

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	12(70.59)	0(0.00)	5(29.41)	17(100.00)
<b>2012</b>	0(0.00)	0(0.00)	17(62.96)	0(0.00)	10(37.04)	27(100.00)
<b>2013</b>	0(0.00)	0(0.00)	24(85.71)	0(0.00)	4(14.29)	28(100.00)
<b>2014</b>	0(0.00)	0(0.00)	23(74.19)	0(0.00)	8(25.81)	31(100.00)
<b>2015</b>	0(0.00)	0(0.00)	11(64.71)	0(0.00)	6(35.29)	17(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>87(72.50)</b>	<b>0(0.00)</b>	<b>33(27.50)</b>	<b>120(100.00)</b>

## **Conclusion:**

- There is a declining trend in the number of Institutional deliveries since 2011 with a significant decrease in 2014-15. The supply of Madilu has also reduced in the past 3 years when compared to the level of institutional deliveries.
- Mosquito curtain was not received by many (63%) beneficiaries.
- Sweater + cap + socks (92%), baby covering hood (9%) and baby soaps (12.5%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 99% of the respondents but none of them paid cash to receive the kit.
- The Mosquito curtain (91%) and Sweater+cap+socks (74%) supplied in the kit were found to be most useful.
- The kit bag, soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “neutral” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Gadag:**

### **Ron**

The delay in the provision of JSY/PA money was the prevalent issue in this district. Most of the beneficiaries demanded a supplementation of other materials like slippers for the mother, other brands of soaps and coconut oils instead of the one supplied in the kit.

One of the beneficiaries said *“I dint get the JSY/PA amount as I was not provided proper information regarding the documents to be kept in hand. Even I had not received the Madilu kit on time. It was given to me after one month as it was out of stock when my baby was born”*

The ANM of the hospital suddenly raised an issue about the quality of coconut oil and failure of supply of mosquito nets. She said *“the coconut oil was solid on opening, most of the time there is a damp smell from the linen supplied in the kit. The mosquito nets are useful products but not included in the kit.”*

### **Shirhatti**

A 2013-14 beneficiary, pregnant at present posted a demand stating *“kindly provide a slipper for us. We cannot walk barefoot with the child in hand.”*

ASHA worker and ANM worker together made a point *“the kits provided had materials which were in a damaged condition”*

## GULBARGA DISTRICT

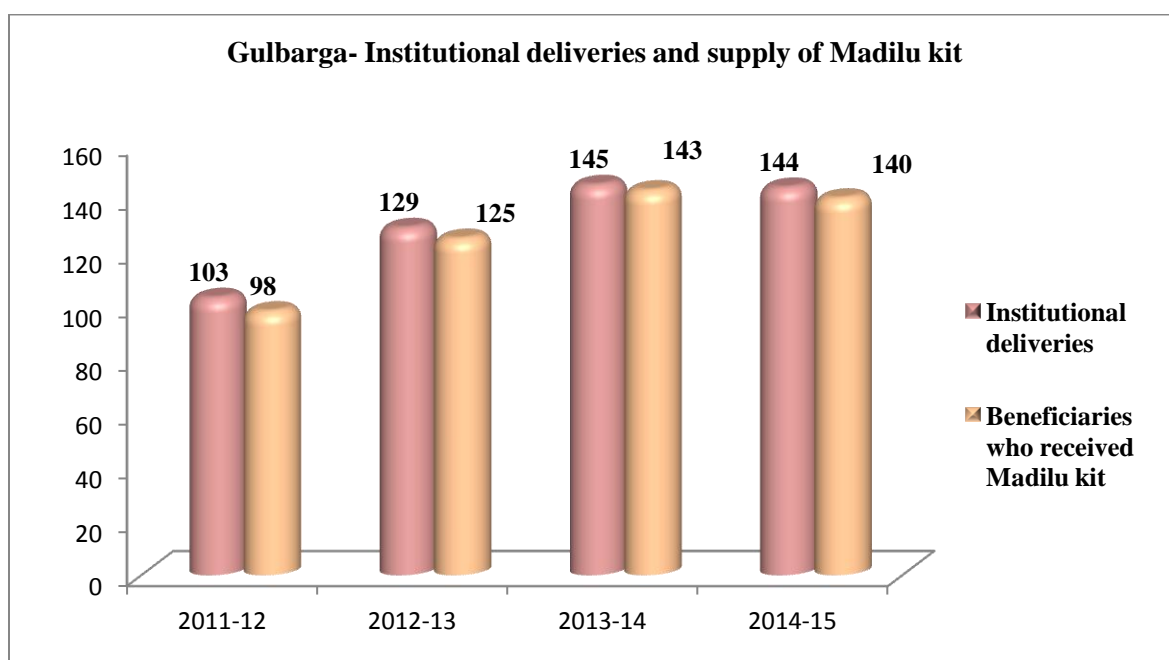
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	16
Total number of Sub-district Hospitals	27
Total number of Primary Health Centres	78
Total number of sub-centres	337

Table 2: Areas selected by sampling in the district

Taluks	PHCs
Chincholi	Ainapur (24x7)
Jewargi	Salebeeranahalli (24x7)
	Ijeri (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Gulbarga (Hospital Data)



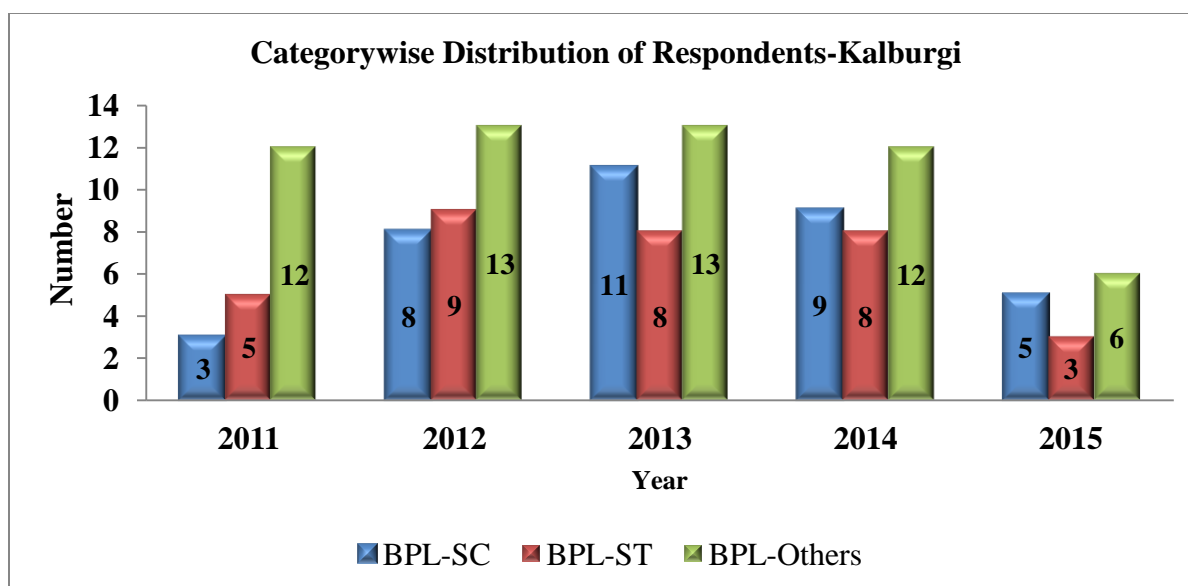
There is a gradual raising trend in the number of Institutional deliveries since 2011 with a significant increase in 2013-14. The supply of Madilu kits has been in par with the number of institutional deliveries showing good improvement.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	36	33	56	125
<b>Mean age <math>\pm</math> SD</b>	22.33 $\pm$ 2.28	23.18 $\pm$ 2.17	23.41 $\pm$ 2.17	22.92 $\pm$ 2.25
<b>Monthly income (mean)</b>	5717	8364	8602	7708
<b>Average family size</b>	4.97	5.55	4.89	5.09
<b>Education status</b>				
<b>Literate</b>	52.78	51.52	69.64	60.00
<b>Illiterate</b>	47.22	48.48	30.36	40.00
<b>Socio-economic status</b>				
<b>Class I</b>	0.0	3(9.1)	5(8.9)	8(6.4)
<b>Class II</b>	4(11.1)	1(3.0)	6(10.7)	11(8.8)
<b>Class III</b>	4(11.1)	3(9.1)	5(8.9)	12(9.6)
<b>Class IV</b>	9(25.0)	5(15.2)	11(19.6)	25(20.0)
<b>Class V</b>	19(52.8)	21(63.6)	29(51.8)	69(55.2)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Gulbarga**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	36	28.80
12	Rubber sheet + bed sheet - child	2	1.60
13	Cover for child	1	0.80

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	3	2.40	0	0.00	1	0.80
18	Sweater + cap + socks	27	21.60	0	0.00	20	16.00
19	Plastic bag (kit)	0	0.00	0	0.00	26	20.80

**Table 6: Mode of delivery- Gulbarga respondents (n=125)**

Normal (Vaginal)	Caesarean	Instrumental	Total
125(100.00)	0(0.00)	0(0.00)	125(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
0(0.00)	125(100.00)	125(100)

**Table 8: Payment of money for receipt of Madilu kit by Gulbarga respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
125(100.00)	0(0.00)	125(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	90	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	125	100.00	0	0.00	0	0.00
3	Bed Sheet (Medium)	86	68.80	39	31.20	0	0.00
4	Thick Covering sheet for mother	85	68.00	40	32.00	0	0.00
5	Soap –mother	73	58.40	52	41.60	0	0.00



6	Washing soap	95	76.00	30	24.00	0	0.00
7	Cloth for tying around stomach - mother	85	68.00	40	32.00	0	0.00
8	Sanitary pads (square cotton cloth with noose)	72	57.60	53	42.40	0	0.00
9	Comb and coconut oil - mother	46	36.80	79	63.20	0	0.00
10	Towel - mother	82	65.60	43	34.40	0	0.00
11	Tooth paste and brush - mother	51	40.80	74	59.20	0	0.00
12	Rubber sheet + bed sheet - child	96	76.80	29	23.20	0	0.00
13	Cover for child	63	50.40	62	49.60	0	0.00
14	Soap – child	97	77.60	28	22.40	0	0.00
15	Rubber sheet – child	91	72.80	34	27.20	0	0.00
16	Diaper - child	53	42.40	72	57.60	0	0.00
17	Baby shirt - child	49	39.20	76	60.80	0	0.00
18	Sweater + cap + socks	77	61.60	48	38.40	0	0.00
19	Plastic bag (kit)	33	26.40	92	73.60	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	20(100.00)	0(0.00)	20(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	30(100.00)	0(0.00)	30(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	32(100.00)	0(0.00)	32(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	29(100.00)	0(0.00)	29(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	14(100.00)	0(0.00)	14(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>125(100.00)</b>	<b>0(0.00)</b>	<b>125(100.00)</b>

## **Conclusion:**

- There is a gradual raising trend in the number of Institutional deliveries since 2011 with a significant increase in 2013-14. The supply of Madilu kits has been in par with the number of institutional deliveries showing good improvement.
- Mosquito curtain was not received by a few (28.8%) beneficiaries.
- Sweater + cap + socks (38%), baby dress (4%) and kit bag (21%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 100% of the respondents but none of them paid cash to receive the kit.
- The Mosquito curtain (100%) and carpet (100%) supplied in the kit were found to be most useful.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Gulbarga:**

### **Chincholi**

There was a delay in the provision of Madilu kits and JSY/PA money for almost all the interviewed beneficiaries in this district. Most of the beneficiaries demanded a supplementation of other materials like slippers for the mother, other brands of soaps and coconut oils instead of the one supplied in the kit.

One of the beneficiaries (2103-14) said *“I neither got the Madilu kit nor the JSY/PA amount in the right time. We had to borrow money to meet delivery expenses. Madilu kit was given to me after two months as it was out of stock when my baby was born”*

The ANM said *“the coconut oil was solid on opening, most of the time there is a damp smell from the linen supplied in the kit. The mosquito nets are useful products but not included in the kit.”* This fact was cross checked by opening a kit and re-examining in the PHC.

### **Jewargi**

The ANMs and ASHAs made their point very clear that *“the success of the program is seen with the improvement in deliveries being conducted in the PHCs nowadays. But the out-of-stock problem is a major hindrance to the program”*

A 2013-14 beneficiary said *“the kits are provided very late by the time the things go useless”*

*“Provision of slippers and locally available brands of paste and soaps will be helpful as we need not change the brand of soaps after its over”* said a mother with a request.

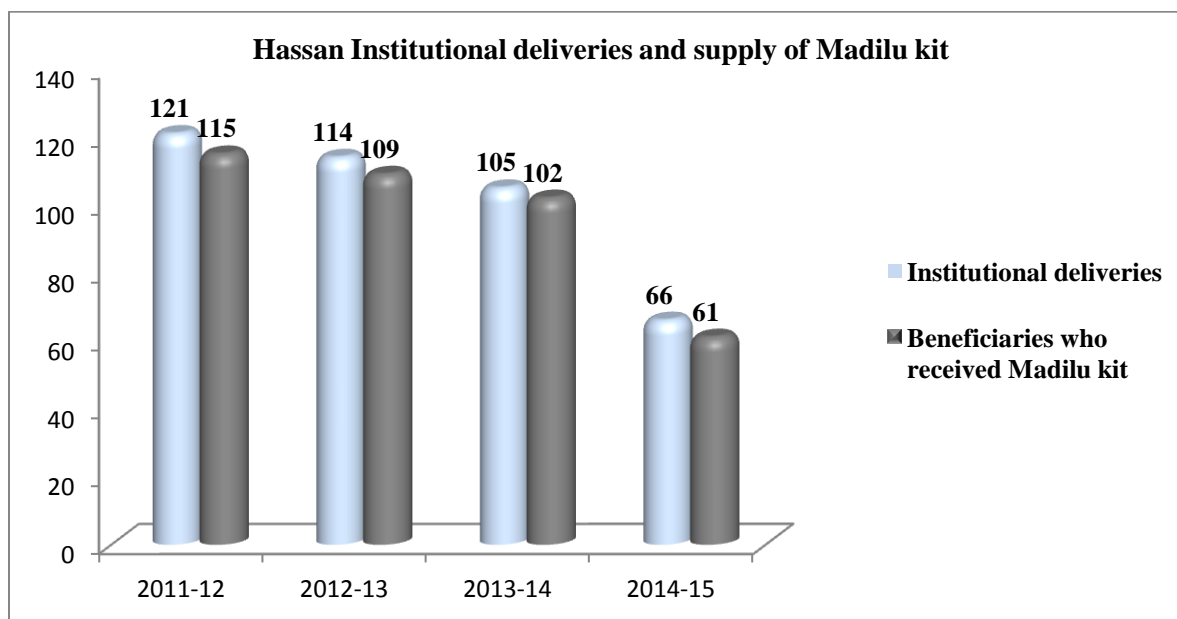
## HASSAN DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	15
Total number of Sub-district Hospitals	31
Total number of Primary Health Centres	122
Total number of sub-centres	475

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Channarayapatna	Anathi (24x7)
Sakaleshpura	Mattanavile (24x7)
	Hanubalu (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Hassan (Hospital Data)**

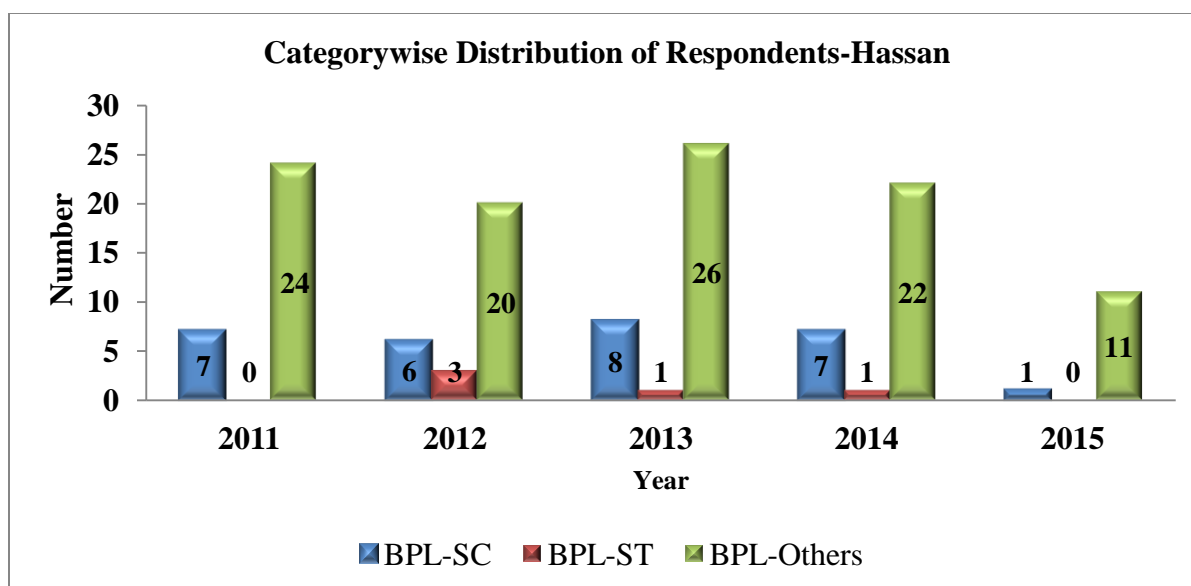
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with significant decrease in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	29	5	103	137
<b>Mean age <math>\pm</math> SD</b>	23.34 $\pm$ 2.93	22.40 $\pm$ 1.52	23.16 $\pm$ 2.57	23.17 $\pm$ 2.61
<b>Monthly income (mean)</b>	4586	4400	5000	4891
<b>Average family size</b>	5.31	4.6	5.5	5.42
<b>Education status</b>				
<b>Literate</b>	100.00	100.00	97.09	97.81
<b>Illiterate</b>	0.00	0.00	2.91	2.19
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	1(3.4)	0(0.0)	2(1.9)	3(2.2)
<b>Class IV</b>	17(58.6)	3(60.0)	80(77.7)	100(73.0)
<b>Class V</b>	11(37.9)	2(40.0)	21(20.4)	34(24.8)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Hassan**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	53	38.69

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
2	Carpet (Medium size)	12	8.76	2	1.46	0	0.00
6	Washing soap	10	7.30	32	23.36	0	0.00
3	Bed Sheet (Medium)	7	5.11	5	3.65	0	0.00

**Table 6: Mode of delivery- Hassanrespondents (n=137)**

Normal (Vaginal)	Caesarean	Instrumental	Total
134(97.81)	3(2.19)	0(0.00)	137(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
86(63.24)	50(36.76)	136(100)

**Table 8: Payment of money for receipt of Madilu kit by Hassan respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
131(95.62)	6(4.38)	137(100)	92

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	12	38.71	19	61.29	0	0.00
2	Carpet (Medium size)	40	67.80	19	32.20	0	0.00
3	Bed Sheet (Medium)	46	76.67	14	23.33	0	0.00
4	Thick Covering sheet for mother	32	52.46	29	47.54	0	0.00
5	Soap –mother	60	98.36	1	1.64	0	0.00
6	Washing soap	58	95.08	3	4.92	0	0.00

7	Cloth for tying around stomach - mother	34	55.74	27	44.26	0	0.00
8	Sanitary pads (square cotton cloth with noose)	39	63.93	22	36.07	0	0.00
9	Comb and coconut oil - mother	57	93.44	4	6.56	0	0.00
10	Towel - mother	60	98.36	1	1.64	0	0.00
11	Tooth paste and brush - mother	59	96.72	2	3.28	0	0.00
12	Rubber sheet + bed sheet - child	57	93.44	4	6.56	0	0.00
13	Cover for child	57	93.44	4	6.56	0	0.00
14	Soap – child	59	96.72	2	3.28	0	0.00
15	Rubber sheet – child	58	95.08	3	4.92	0	0.00
16	Diaper - child	60	98.36	1	1.64	0	0.00
17	Baby shirt - child	59	96.72	2	3.28	0	0.00
18	Sweater + cap + socks	60	98.36	1	1.64	0	0.00
19	Plastic bag (kit)	60	98.36	1	1.64	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	31(100.00)	0(0.00)	31(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	29(100.00)	0(0.00)	29(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	35(100.00)	0(0.00)	35(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	30(100.00)	0(0.00)	30(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	12(100.00)	0(0.00)	12(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>137(100.00)</b>	<b>0(0.00)</b>	<b>137(100.00)</b>

**Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with significant decrease in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.



- Mosquito curtain was not received by many (39%) beneficiaries.
- Baby soap (31%), carpet (10%) and bedsheet (9%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 36.8% of the respondents and six of them paid cash (Rs.92 /- on average) to receive the kit.
- The mother soaps (98%), detergents (95%) and baby soaps (96%) supplied in the kit were found to be most useful.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Hassan:**

#### **Channarayapatna**

There was dissatisfaction regarding the brand of soaps and detergents as well as cosmetics but the reason why people were speculating more was because they found them as most useful inclusions in the kit.

One (2013-14) beneficiary said “*Change the brand of the detergent soap supplied in the kit. I am getting allergic rashes in my hand after washing with this MDC detergent. Change it to RIN or WHEEL Soap instead*”

Another respondent (20 years old, 2014-15 beneficiary) said “*the socks size does not fit the child’s leg it was very small and was useless. The bedsheet is not comforting enough during cold weather. It is very thin. Provide us with a nighty along with the kit*”

## Sakaleshpura

ANMs pointed out that the money paid by the respondents was not to the hospital staff but to somebody else (not mentionable). The kit bag is kept sealed and opened only in front of the mother. Yet they feel some items were missing and replaced with poor quality materials.

One ANM said *“it is better the mothers receive the kit from the medical officer directly”*

Female participant, 23 years old, 2015 beneficiary told *“The tooth paste which is given is not a good one. We want the colgate paste which we use regularly.”*

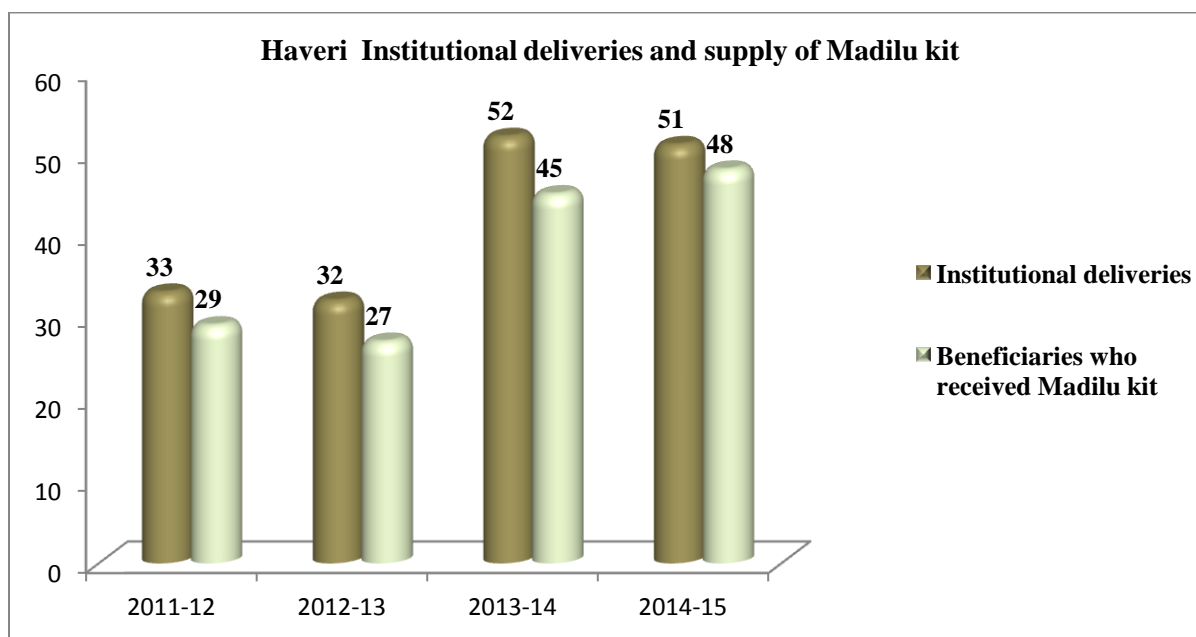
## HAVERI DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	5
Total number of Sub-district Hospitals	27
Total number of Primary Health Centres	65
Total number of sub-centres	305

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Ranibennur	Devaragudda (24x7)
Shiggaon	Kuppelur (24x7)
	Chandapur (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Haveri (Hospital Data)**

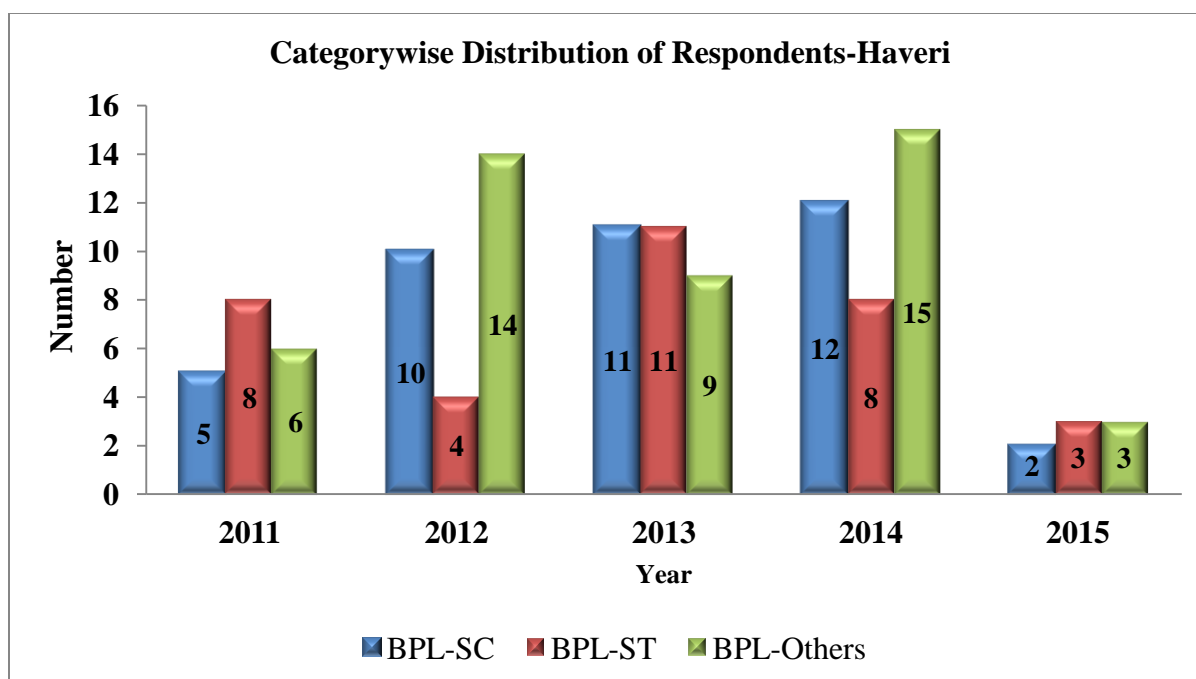
There was a gradual rising trend in the number of Institutional deliveries since 2012 with significant increase in 2013-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	40	34	47	121
<b>Mean age ± SD</b>	22.48 ± 1.96	22.59 ± 1.95	22.11± 1.85	22.36± 1.92
<b>Monthly income (mean)</b>	5995	5706	7278	6307
<b>Average family size</b>	5.72	6.15	6.72	6.2
<b>Education status</b>				
<b>Literate</b>	87.50	97.06	97.87	94.21
<b>Illiterate</b>	12.50	2.94	2.13	5.79
<b>Socio-economic status</b>				
<b>Class I</b>	1(2.5)	0(0.0)	0(0.0)	1(0.8)
<b>Class II</b>	0(0.0)	1(2.9)	1(2.1)	2(1.7)
<b>Class III</b>	7(17.5)	1(2.9)	2(4.3)	10(8.3)
<b>Class IV</b>	24(60.0)	19(55.9)	27(57.4)	70(57.9)
<b>Class V</b>	7(17.5)	10(29.4)	13(27.7)	30(24.8)
<b>No Information</b>	1(2.5)	3(8.8)	4(8.5)	8(6.6)

**Graph 2: Year wise and caste wise distribution of respondents in Haveri**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	88	72.73

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	13	10.74	0	0.00	0	0.00
19	Plastic bag (kit)	0	0.00	49	40.50	2	1.65
1	Mosquito curtain (mother)	1	0.83	0	0.00	1	0.83

**Table 6: Mode of delivery- Haveri respondents (n=115)**

Normal (Vaginal)	Caesarean	Instrumental	Total
111(96.52)	4(3.48)	0(0.00)	115(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
76(63.33)	44(36.67)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Haveri respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
121(100.00)	0(0.00)	121(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	21	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	3	30.00	7	70.00	0	0.00
3	Bed Sheet (Medium)	12	60.00	8	40.00	0	0.00
4	Thick Covering sheet for mother	27	84.38	5	15.63	0	0.00
5	Soap –mother	25	86.21	4	13.79	0	0.00
6	Washing soap	20	90.91	2	9.09	0	0.00

7	Cloth for tying around stomach - mother	26	100.00	0	0.00	0	0.00
8	Sanitary pads (square cotton cloth with noose)	23	95.83	1	4.17	0	0.00
9	Comb and coconut oil - mother	18	81.82	4	18.18	0	0.00
10	Towel - mother	17	77.27	5	22.73	0	0.00
11	Tooth paste and brush - mother	30	90.91	3	9.09	0	0.00
12	Rubber sheet + bed sheet - child	20	80.00	5	20.00	0	0.00
13	Cover for child	14	93.33	1	6.67	0	0.00
14	Soap – child	21	91.30	2	8.70	0	0.00
15	Rubber sheet – child	8	66.67	4	33.33	0	0.00
16	Diaper - child	7	77.78	2	22.22	0	0.00
17	Baby shirt - child	7	70.00	3	30.00	0	0.00
18	Sweater + cap + socks	44	100.00	0	0.00	0	0.00
19	Plastic bag (kit)	3	100.00	0	0.00	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	14(87.50)	2(12.50)	16(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	25(96.15)	1(3.85)	26(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	6(100.00)	0(0.00)	6(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>89(96.74)</b>	<b>3(3.26)</b>	<b>92(100.00)</b>

## **Conclusion:**

- There was a gradual rising trend in the number of Institutional deliveries since 2012 with significant increase in 2013-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years
- Mosquito curtain was not received by any (72.7%) of the beneficiaries.
- Baby dress (11%) and kit bag (42%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 36.7% of the respondents but none of them paid cash to receive the kit.
- The Sweater+cap+socks (100%), cloth for tying around abdomen (100%) and mosquito nets(100%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Dakshina Kannada:**

### **RANEBENNUR**

There was greater dissatisfaction about the baby diapers and quality of the baby dress and sweaters provided in the kit.

### **DEVARAGUDDA**

One beneficiary of 2014-15 commented “*Mosquito nets should be of bigger size*”

Another mother added that “*the Madilu kits should contain slippers for the mother*”



## SHIGGAON

### KUPPEALUR

Another participant who was a beneficiary (2013-14) made her point strong saying *“There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time”*

Another mother said *“the bed sheet and the sweater were very small-sized and not of much use”*

the first participant further added *“the towels provided are very small sized”*

Another old grandmother stated *“mosquito nets are separately given apart from Madilu kits pack which is not acceptable”*

### CHANDAPUR

A mother made a strong point stating *“Provide the mosquito kits even if we are not diseased. We don’t know when the mosquitoes will bite. Put the mosquito nets along with the bags and not issue separately”*

ANMs and ASHAS detailed that *“the beneficiaries are not providing proper documents at the time of issue of the kit. Later they turn up on a later date when the kits are out of stock”*

## SHIGGAON

ANM and ASHA workers conveyed *“There was no supply of kits from June to December 2015”* and further added that *“the bag containing the Madilu materials tears off very easily due to many materials inside”*

Another participant who was a beneficiary (2013-14) told *“There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time”*

**RANEBENNUR CHC**

One participant said *“The quality of blankets provided in the kit is not good. It is very thin and small sized and does not resist cold”*

Another beneficiary said *“I dint get the JSY/PA amount as I was not provided proper information regarding the documents to be kept in hand and about the documents but I had received Madilu kit on time”*

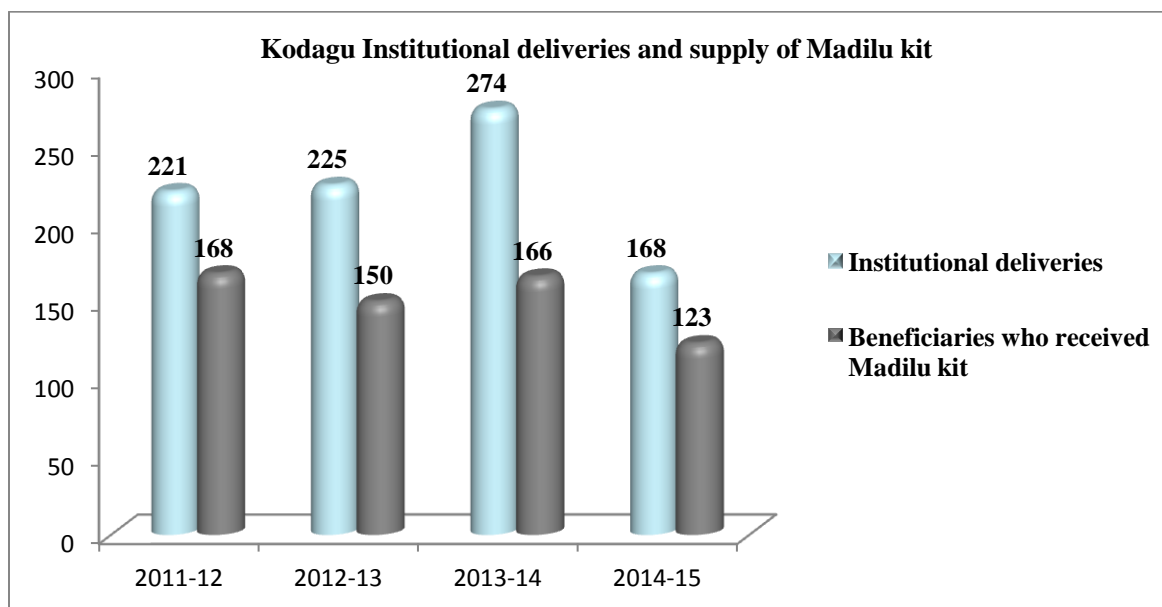
## KODAGU DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	11
Total number of Primary Health Centres	30
Total number of sub-centres	196

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Virajpet	Balele 24x7 tribal
Somwarpet	Srimangala 24x7 tribal
	Madapura 24x7 tribal

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Kodagu (Hospital Data)**

There is a gradual rising trend in the number of Institutional deliveries till 2013 after which there is a drastic fall in 2014-15. The supply of Madilu has not been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	29	41	50	120
<b>Mean age ± SD</b>	23.55 ± 2.74	23.44 ± 2.81	23.92 ± 2.68	23.67 ± 2.70
<b>Monthly income (mean)</b>	8037	7132	9084	8185
<b>Average family size</b>	4.52	4.29	4.78	4.55
<b>Education status</b>				
<b>Literate</b>	100.00	97.66	88.00	94.17
<b>Illiterate</b>	0.00	2.44	12.00	5.83
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	1(3.4)	3(7.3)	6(12.0)	10(8.3)
<b>Class III</b>	16(55.2)	20(48.8)	32(64.0)	68(56.7)
<b>Class IV</b>	8(27.6)	12(29.3)	9(18.0)	29(24.2)
<b>Class V</b>	2(6.9)	3(7.3)	2(4.0)	7(5.8)
<b>No Information</b>	2(6.9)	3(7.3)	1(2.0)	6(5.0)

Graph 2: Year wise and caste wise distribution of respondents in Kodagu

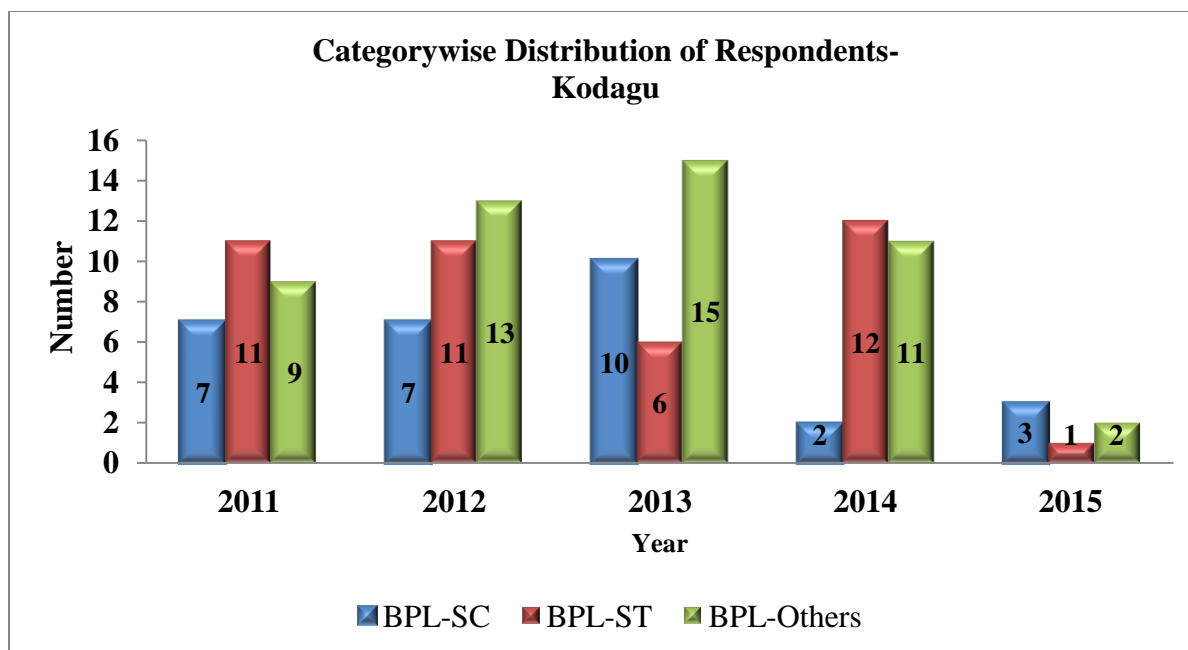


Table 4: Items missing in the Madilu kit as per the respondents

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	87	73.73

Table 5: Respondent perception about the quality of each item in the Madilu kit

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet for mother	0	0.00	2	1.60	1	0.80

**Table 6: Mode of delivery- Kodagurespondents (n=120)**

Normal (Vaginal)	Caesarean	Instrumental	Total
120(100.00)	0(0.00)	0(0.00)	120(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
0(0.00)	120(100.00)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Kodagu respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
119(99.17)	1(0.83)	120(100)	50

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	83	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	120	98.36	2	1.64	0	0.00
3	Bed Sheet (Medium)	119	97.54	3	2.46	0	0.00
4	Thick Covering sheet for mother	118	96.72	3	2.46	1	0.82
5	Soap –mother	110	90.16	12	9.84	0	0.00
6	Washing soap	106	86.89	16	13.11	0	0.00

7	Cloth for tying around stomach - mother	88	72.13	34	27.87	0	0.00
8	Sanitary pads (square cotton cloth with noose)	70	57.38	52	42.62	0	0.00
9	Comb and coconut oil - mother	73	59.84	49	40.16	0	0.00
10	Towel - mother	73	59.84	49	40.16	0	0.00
11	Tooth paste and brush - mother	67	54.92	55	45.08	0	0.00
12	Rubber sheet + bed sheet - child	67	54.92	55	45.08	0	0.00
13	Cover for child	62	50.82	60	49.18	0	0.00
14	Soap – child	58	47.54	64	52.46	0	0.00
15	Rubber sheet – child	57	46.72	65	53.28	0	0.00
16	Diaper - child	49	40.16	73	59.84	0	0.00
17	Baby shirt - child	45	36.89	77	63.11	0	0.00
18	Sweater + cap + socks	42	34.43	80	65.57	0	0.00
19	Plastic bag (kit)	11	9.02	110	90.16	1	0.82

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	20(100.00)	0(0.00)	20(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	30(100.00)	0(0.00)	30(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	32(100.00)	0(0.00)	32(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	24(100.00)	0(0.00)	24(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	14(100.00)	0(0.00)	14(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>120(100.00)</b>	<b>0(0.00)</b>	<b>120(100.00)</b>

**Conclusion:**

- There is a gradual rising trend in the number of Institutional deliveries till 2013 after which there is a drastic fall in 2014-15. The supply of Madilu has not been in par with the number of Institutional deliveries in the past 5 years.

- Mosquito curtain was not received by any (73.7%) of the beneficiaries.
- Thick covering for the mother (2%) was quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for all (100%) the respondents but none of them paid cash to receive the kit.
- The mosquito curtains (100%), carpet (98.4%) and bed sheets(97.5%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Kodagu:**

#### **VIRAJPET (BALELE)**

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female participant (2014-15) who said *“the sweater, cap and socks are too small that it is even difficult to make the child body enter.”*

Mosquito nets were supplied in this area as it was dengue affected a few months back but it was not included in the kit and supplied separately which was pointed out by a participant *“I received the mosquito kit a week later after delivery and receipt of the Madilu kit in the hospital”*

The bedsheet supplied in the kit was thin and not resisting cold as quoted by a participant *“The bedsheet doesn’t protect me from cold it is thin like a cloth used for stitching clothes”*



## SRIMANGALA

The health services to this part of Virajpet are delivered by a private trust which has employees on contractual basis to provide Madilu kits the beneficiaries. There is a delay of 3-4 months in the issue of the Madilu kits to the beneficiaries as they are residential employees in coffee plantations away from the locality. They return home only 3-4 months once and hence can procure the kits only at that time. The Health center supplies Madilu kits only to those delivering in the hospital and not elsewhere in other government hospitals. A participant quoted *“Im not granted permission to come home often. Only 4 months later after my delivery I came to obtain the kit which was not given to me as I had given birth to my female child in a government hospital near the coffee plantation I work for.”*

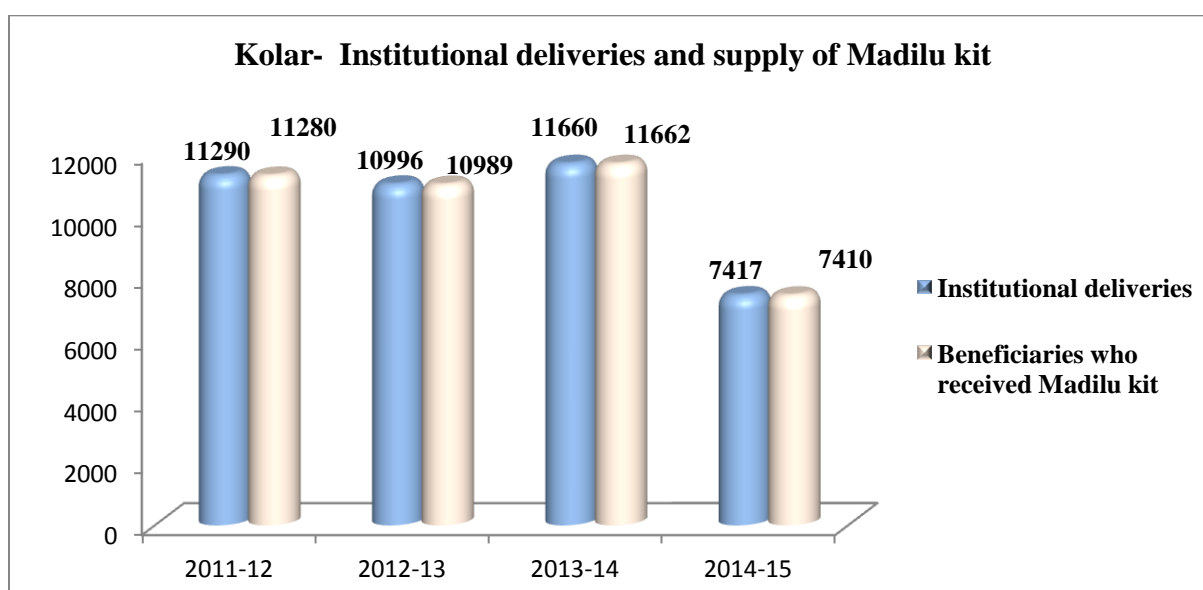
## KOLAR DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	2
Total number of Sub-district Hospitals	20
Total number of Primary Health Centres	59
Total number of sub-centres	264

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Bangarpet	Budikote (24x7)
Srinivasapura	Dalasanur
	Rayalpad (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Kolar (Hospital Data)**

Kolar district has recorded highest number of institutional deliveries. There is a rising trend in the number of Institutional deliveries since 2011 with a drop in 2014-15. The supply of Madilu kits has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	47	13	67	127
<b>Mean age ± SD</b>	24.13 ± 3.39	23.92 ± 3.40	24.79 ± 3.39	24.46 ± 3.38
<b>Monthly income (mean)</b>	3351	3385	3813	3598
<b>Average family size</b>	4.47	5.15	4.84	4.73
<b>Education status</b>				
<b>Literate</b>	85.11	61.54	95.52	88.19
<b>Illiterate</b>	14.89	38.46	4.48	11.81
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	1(2.1)	0.0	0.0	1(0.8)
<b>Class III</b>	2(4.3)	2(15.4)	7(10.4)	11(8.7)
<b>Class IV</b>	14(29.8)	2(15.4)	17(25.4)	33(26.0)
<b>Class V</b>	30(63.8)	9(69.2)	43(64.2)	82(64.6)
<b>No Information</b>	0.0	0.0	0.0	0.0

Graph 2: Year wise and caste wise distribution of respondents in Kolar

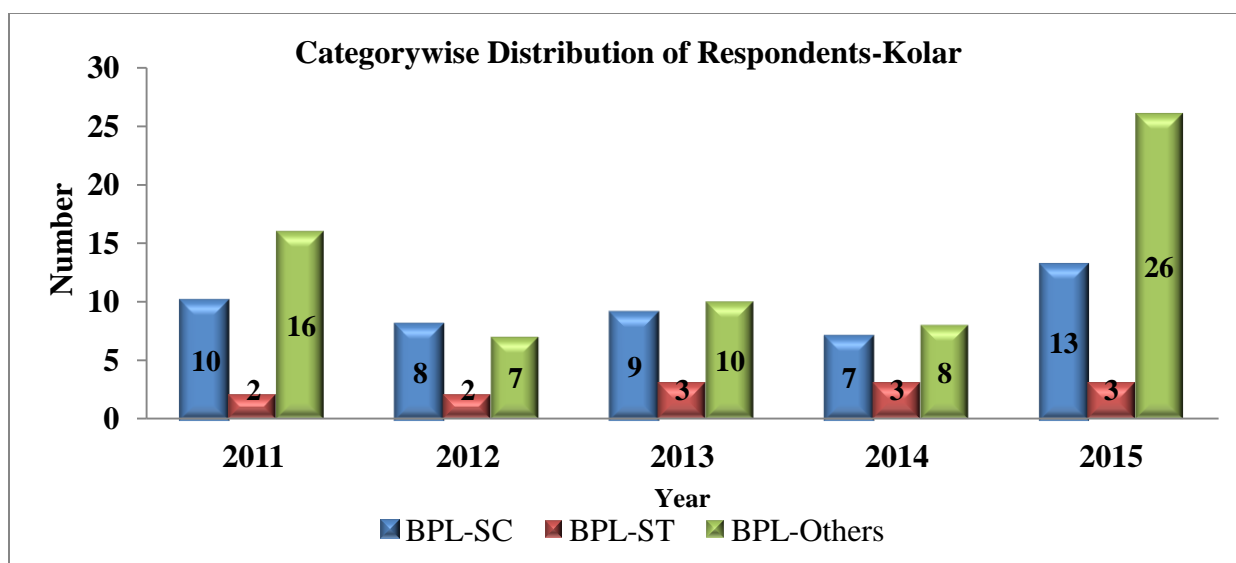


Table 4: Items missing in the Madilu kit as per the respondents

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	8	6.2

Table 5: Respondent perception about the quality of each item in the Madilu kit

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
17	Baby shirt - child	3	2.46	0	0.00	0	0.00

Table 6: Mode of delivery- Kolar respondents (n=127)

Normal (Vaginal)	Caesarean	Instrumental	Total
125(98.43)	2(1.57)	0(0.00)	127(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
0(0.00)	127(100.00)	127(100)

**Table 8: Payment of money for receipt of Madilu kit by Kolarrespondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
126(99.21)	1(0.79)	127(100)	75

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	33	100.00	0	0.00	0	0.00
2	Carpet (Medium size)	109	90.83	18	15.00	0	0.00
3	Bed Sheet (Medium)	114	95.00	12	10.00	1	0.83
4	Thick Covering sheet for mother	113	94.17	14	11.67	0	0.00
5	Soap –mother	110	91.67	17	14.17	0	0.00
6	Washing soap	102	85.00	25	20.83	0	0.00
7	Cloth for tying around stomach - mother	30	25.00	97	80.83	0	0.00
8	Sanitary pads (square cotton cloth with noose)	108	90.00	18	15.00	1	0.83
9	Comb and coconut oil - mother	102	85.00	25	20.83	0	0.00
10	Towel - mother	107	89.17	20	16.67	0	0.00
11	Tooth paste and brush - mother	110	91.67	27	22.50	0	0.00
12	Rubber sheet + bed sheet - child	98	81.67	29	24.17	0	0.00
13	Cover for child	104	86.67	23	19.17	0	0.00

14	Soap – child	109	90.83	18	15.00	0	0.00
15	Rubber sheet – child	100	83.33	27	22.50	0	0.00
16	Diaper - child	109	90.83	18	15.00	0	0.00
17	Baby shirt - child	110	91.67	17	14.17	0	0.00
18	Sweater + cap + socks	102	85.00	25	20.83	0	0.00
19	Plastic bag (kit)	50	41.67	77	64.17	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	28(100.00)	0(0.00)	28(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	17(100.00)	0(0.00)	17(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	18(100.00)	0(0.00)	18(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	42(100.00)	0(0.00)	42(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>127(100.00)</b>	<b>0(0.00)</b>	<b>127(100.00)</b>

**Conclusion:**

- There is a rising trend in the number of Institutional deliveries since 2011 with a drop in 2014-15. The supply of Madilu kits has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by any (6.2%) of the beneficiaries.
- Baby dress (3%) was quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for all (100%) the respondents and one of them paid cash (Rs.75/- on average) to receive the kit.

- The mosquito curtain (100%), bed sheet (95%) and thick covering blanket(94%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Dakshina Kannada:**

#### **Bangarpet**

There was a delay in the provision of Madilu kits and JSY/PA money for almost all the interviewed beneficiaries in this district. But the beneficiaries welcome the Madilu scheme and its benefits. Kolar is not far from Bangalore but the deliveries conducted in PHCs were much higher in number compared to other districts. Still the supply of Madilu kits was not disturbed. The higher demand may be the reason for a delay in time of issue of the kits but the fact that Madilu kits were not denied to anyone was a good credit to the district.

The ANMs and ASHAs said that *“there has been a marked improvement in the number of deliveries being conducted in the PHCs nowadays. But the out-of-stock problem is a major hindrance to the program”*

A (2013-14) beneficiary said *“the kits are provided very late by the time the child has grown big enough not to fit the dresses provided”*

## Srinivasapura

The beneficiaries were more satisfied with the linen supplied in the kit especially the bed sheet and cover which was mentioned by a beneficiary (2012-13) viz: *“We belong to a poor economic background family and it is difficult to afford to buy these materials in our meagre income.”*

Another beneficiary said, *“The clothes provided by the government are very useful and it’s a permanent gift to our family”*

One of ANMs said that *“Provision of slippers and locally available brands of paste and soaps will be helpful as the mothers need not change the brand of soaps after it’s over”*



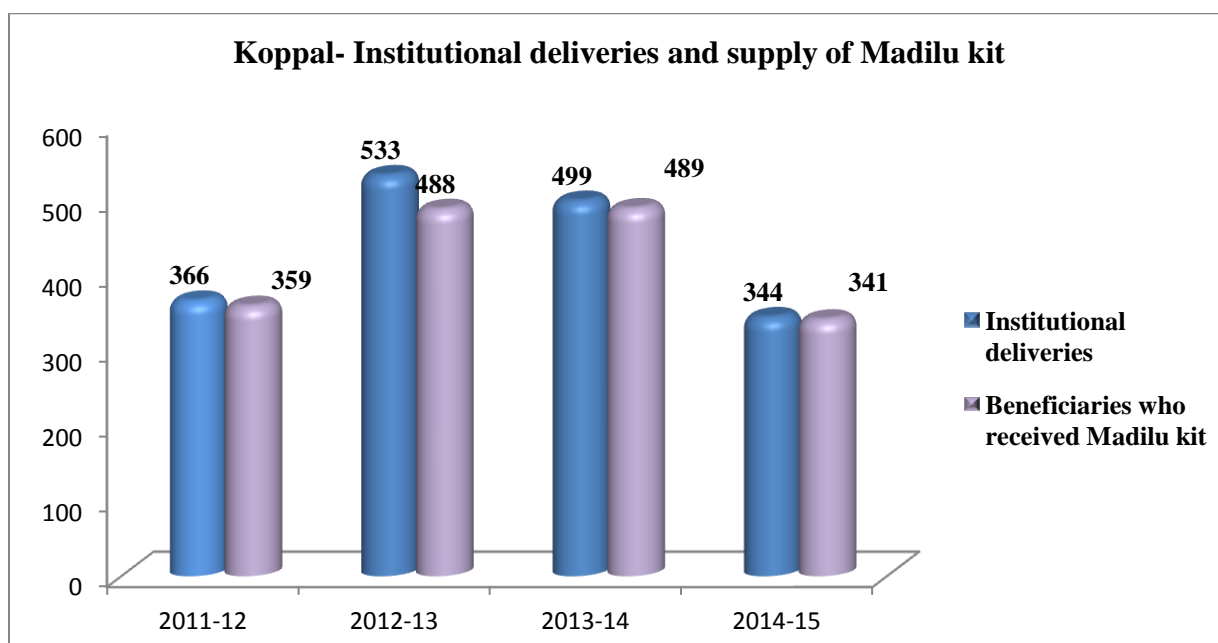
## KOPPAL DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	9
Total number of Sub-district Hospitals	15
Total number of Primary Health Centres	42
Total number of sub-centres	177

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Yelburga	Bandihal (24x7)
Gangavati	Itagi (24x7)
	Hosakera (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Koppal (Hospital Data)**

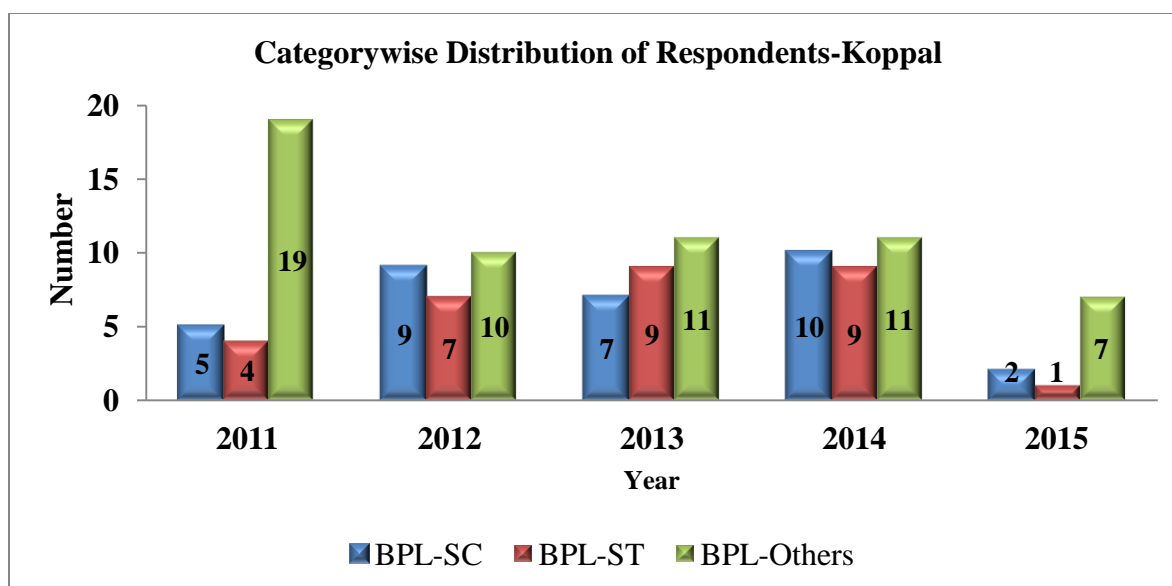
There is a gradual and slower rising trend in the number of Institutional deliveries since 2012 with decrease thereafter till 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	33	30	58	121
<b>Mean age ± SD</b>	21.45 ± 2.18	22.07 ± 2.36	22.28 ± 2.60	22.00 ± 2.60
<b>Monthly income (mean)</b>	3030	2990	3086	3047
<b>Average family size</b>	6	6	6	6
<b>Education status</b>				
<b>Literate</b>	100.00	90.00	96.55	95.87
<b>Illiterate</b>	0.00	10.00	3.45	4.13
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class IV</b>	0.0	0.0	3(5.2)	3(2.5)
<b>Class V</b>	33(100.0)	30(100.0)	55(94.8)	118(97.5)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Koppal**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	11	9.09

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
8	Sanitary pads (square cotton cloth with noose)	7	5.7	0	0.00	0	0.00

**Table 6: Mode of delivery- Koppalrespondents (n=121)**

Normal (Vaginal)	Caesarean	Instrumental	Total
121(100.00)	0(0.00)	0(0.00)	121(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
0(0.00)	121(100.00)	121(100)

**Table 8: Payment of money for receipt of Madilu kit by Koppal respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
121(100.00)	0(0.00)	121(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	120	99.17	1	0.83	0	0.00
2	Carpet (Medium size)	120	99.17	1	0.83	0	0.00
3	Bed Sheet (Medium)	118	97.52	3	2.48	0	0.00
4	Thick Covering sheet for mother	116	95.87	5	4.13	0	0.00
5	Soap –mother	107	88.43	14	11.57	0	0.00
6	Washing soap	94	77.69	27	22.31	0	0.00
7	Cloth for tying around stomach - mother	77	63.64	44	36.36	0	0.00

8	Sanitary pads (square cotton cloth with noose)	52	42.98	69	57.02	0	0.00
9	Comb and coconut oil - mother	45	37.19	76	62.81	0	0.00
10	Towel - mother	49	40.50	72	59.50	0	0.00
11	Tooth paste and brush - mother	56	46.28	65	53.72	0	0.00
12	Rubber sheet + bed sheet - child	62	51.24	59	48.76	0	0.00
13	Cover for child	59	48.76	62	51.24	0	0.00
14	Soap – child	59	48.76	62	51.24	0	0.00
15	Rubber sheet – child	56	46.28	65	53.72	0	0.00
16	Diaper - child	56	46.28	65	53.72	0	0.00
17	Baby shirt - child	50	45.05	61	54.95	0	0.00
18	Sweater + cap + socks	38	31.40	83	68.60	0	0.00
19	Plastic bag (kit)	13	10.74	108	89.26	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

<b>Year</b>	<b>Useless</b>	<b>Less Useful</b>	<b>Neutral</b>	<b>Useful</b>	<b>Very useful</b>	<b>Total</b>
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	26(96.30)	1(3.70)	27(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	28(100.00)	0(0.00)	28(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	30(100.00)	0(0.00)	30(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	23(100.00)	0(0.00)	23(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	13(100.00)	0(0.00)	13(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>120(99.17)</b>	<b>1(0.83)</b>	<b>121(100.00)</b>

## **Conclusion:**

- There is a gradual and slower rising trend in the number of Institutional deliveries since 2012 with decrease thereafter till 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by 9% of the beneficiaries.
- Sanitary pads (6%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 100% of the respondents but none of them paid cash to receive the kit.
- Mosquito curtain (100%), Carpet (99%) and Bed Sheet (97.5%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Koppal:**

### **Yelburga**

The beneficiaries felt that the kits had to be supplied immediately after delivery and not delayed for months. The ANMs and ASHAs conveyed that the kit was not provided in time to the beneficiaries which were a reason why the materials become useless, especially the soaps and detergents.

ANM and ASHA workers conveyed “*There was no supply of kits from February to December 2015*” and further added that “*the bag containing the Madilu materials tears off very easily due to many materials inside*”

One beneficiary said *“The coconut oil and comb, the detergents are all very temporary products which anyone can purchase but the one given by the government should be of long term usage”*

### **Gangavati**

One participant said *“The quality of blankets provided in the kit is not good. It is very thin and small sized and does not resist cold”*

One (2013-14) beneficiary at present pregnant made a demand *“The mother should be provided with hand gloves, sweater and scarfs in addition to providing appropriate sized caps for the child”*

Another participant said *“I dint get the JSY/PA amount as there was confusion with the account number”*

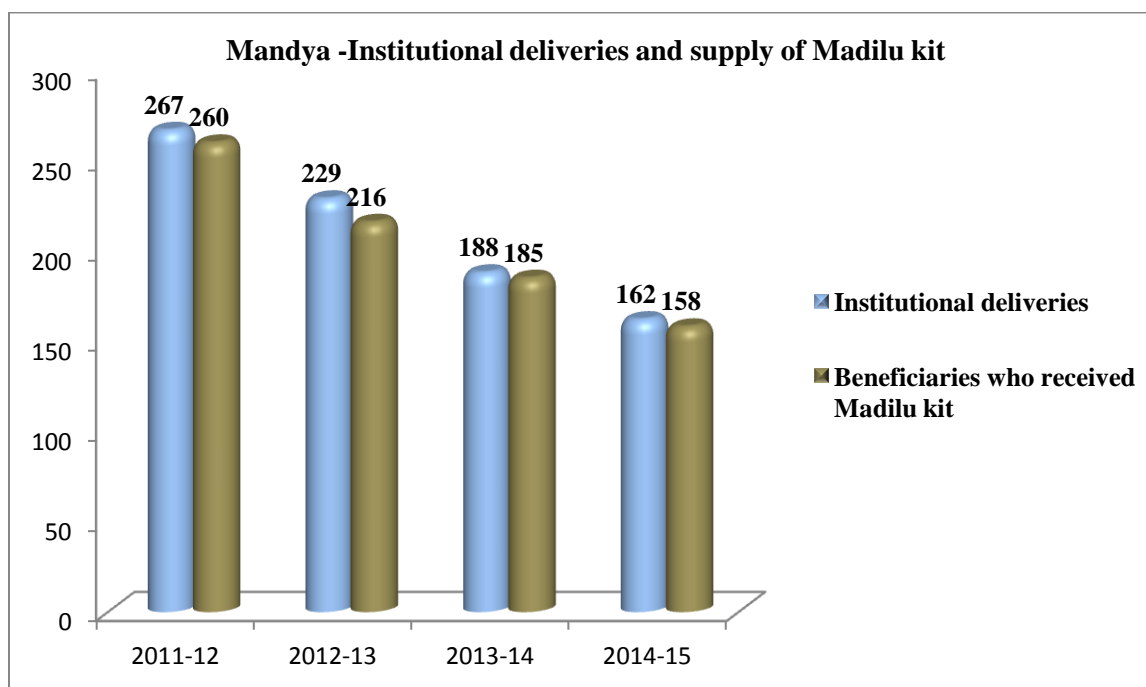
## MANDYA DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	5
Total number of Sub-district Hospitals	27
Total number of Primary Health Centres	111
Total number of sub-centres	410

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Krishnarajpet	Beeruvalli (24x7)
Malavalli	Tendekere (24x7)
	Kirugavalu (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Mandya (Hospital Data)**



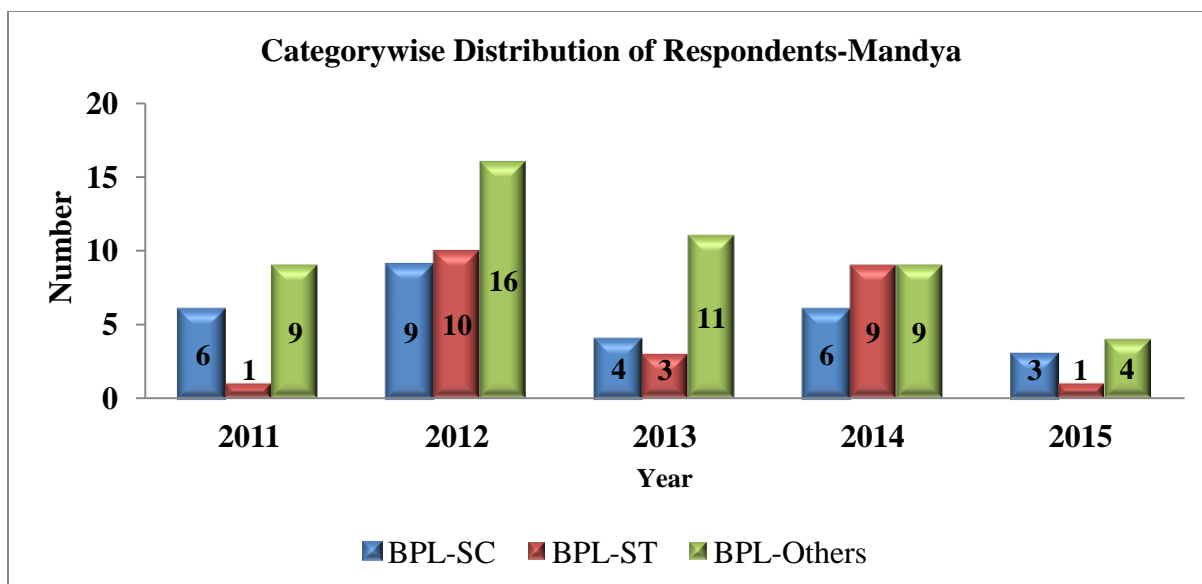
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 till 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	28	24	49	101
<b>Mean age ± SD</b>	22.50 ± 2.73	23.25± 2.80	22.08 ± 2.74	22.47± 2.73
<b>Monthly income (mean)</b>	6115	6325	6532	6368
<b>Average family size</b>	4.86	5.08	4.76	4.86
<b>Education status</b>				
<b>Literate</b>	82.14	79.17	97.96	89.11
<b>Illiterate</b>	17.86	20.83	2.04	10.89
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	2(4.1)	2(2.0)
<b>Class III</b>	6(21.4)	4(16.7)	14(28.6)	24(23.8)
<b>Class IV</b>	18(64.3)	13(54.2)	28(57.1)	59(58.4)
<b>Class V</b>	3(10.7)	3(12.5)	3(6.1)	9(8.9)
<b>No Information</b>	1(3.6)	4(16.7)	2(4.1)	7(6.9)

**Graph 2: Year wise and caste wise distribution of respondents in Mandya**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	2	1.98

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
18	Sweater + cap + socks	0	0.00	69	68.31	2	1.92
8	Sanitary pads	21	20.79	49	48.51	0	0.00

**Table 6: Mode of delivery- Mandya respondents (n=101)**

Normal (Vaginal)	Caesarean	Instrumental	Total
100 (99.96)	0(0.00)	1(1.04)	101 (100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
91(90.01)	10 (9.90)	101 (100)

**Table 8: Payment of money for receipt of Madilu kit by Mandya respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
101(100.00)	0(0.00)	101(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	67	70	25	26	4	4
2	Carpet (Medium size)	80	83	16	17	0	0
3	Bed Sheet (Medium)	23	24	70	73	3	3
4	Thick Covering sheet for mother	65	68	26	27	5	5
5	Soap –mother	72	75	16	17	8	8
6	Washing soap	85	89	11	11	0	0

7	Cloth for tying around stomach - mother	55	57	35	37	6	6
8	Sanitary pads (square cotton cloth with noose)	34	35	62	65	0	0
9	Comb and coconut oil - mother	69	71	26	27	1	1
10	Towel - mother	76	79	20	21	0	0
11	Tooth paste and brush - mother	0	0	36	38	0	0
12	Rubber sheet + bed sheet - child	96	100	0	0	0	0
13	Cover for child	85	89	11	11	0	0
14	Soap – child	79	82	16	17	1	1
15	Rubber sheet – child	90	94	6	6	0	0
16	Diaper - child	89	92	7	7	0	0
17	Baby shirt - child	79	82	17	18	0	0
18	Sweater + cap + socks	24	25	72	75	0	0
19	Plastic bag (kit)	92	96	4	4	0	0

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

<b>Year</b>	<b>Useless</b>	<b>Less Useful</b>	<b>Neutral</b>	<b>Useful</b>	<b>Very useful</b>	<b>Total</b>
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	14(87.50)	2(12.50)	16(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	22(100.00)	0(0.00)	22(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	25(96.15)	1(3.85)	26(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	12(100.00)	0(0.00)	12(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>95(96.74)</b>	<b>3(3.26)</b>	<b>98(100.00)</b>

## **Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 till 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by any (100%) of the beneficiaries.
- Baby dress (36%) and kit bag (6%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 99% of the respondents but none of them paid cash to receive the kit.
- The Rubber sheet + bed sheet (100%), child diapers (92%) and kit bag (96%) supplied in the kit was found to be most useful.
- The soaps and cloth for tying around abdomen were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Mandya:**

### **Krishnarajapet Taluk**

#### **Beeruvalli:**

Female participant 20 years old, 2014-15 beneficiaries, said “*the socks size does not fit the child’s leg it was very small and was useless. The bedsheet is not comforting enough during cold weather. It is very thin. Provide us with a nighty along with the kit*”

Female participant 21 years old, 2014-15 beneficiaries, said *“Give us sanitary pads instead of the cloths provided in the kit. The cloth is never used for the purpose it is given”*

Female participant 22 years old, 2014-15 beneficiaries, asked with an expectation *“why can’t you provide a sweater that will fully cover the body of the child with a zip in the center?”*

Female participant 21 years old, 2014-15 beneficiaries, said sternly *“We are not receiving any amount from the PHC under the JSY and Prasoothi scheme”*

### **TENDEKERE**

Not many beneficiaries, yearly one or two is the highest number.

Female participant, 23 years old, 2015 beneficiary, raised an issue saying with discontent *“the mosquito nets were not supplied to us in the kit”*

### **Malavalli Taluk**

#### **Kirugavalu**

Female participant, 23 years old, 2015 beneficiary, raised an issue saying with a question *“the mosquito nets which were supplies in 2010-11 were not supplied to us in the kit. Why this partiality?”*

Female participant 21 years old (2014-15 beneficiary) said sternly *“We are not receiving any amount from the PHC under the JSY and Prasoothi scheme”*

Female participant 25 years old (2014-15 beneficiary) said with frown *“the baby soaps supplied in the kit doesn’t come for use to even one month. Give extra soaps and not only two”*

Female participant 27 years old, 2015 beneficiary, said *“the baby powder supplied caused rash in my child and it was not of the brand which is usually good”* When probed to suggest one brand, she said *“I don’t want to tell any specific brand but the medical shop nearby has a good brand which I procure and use”*

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## MYSORE DISTRICT

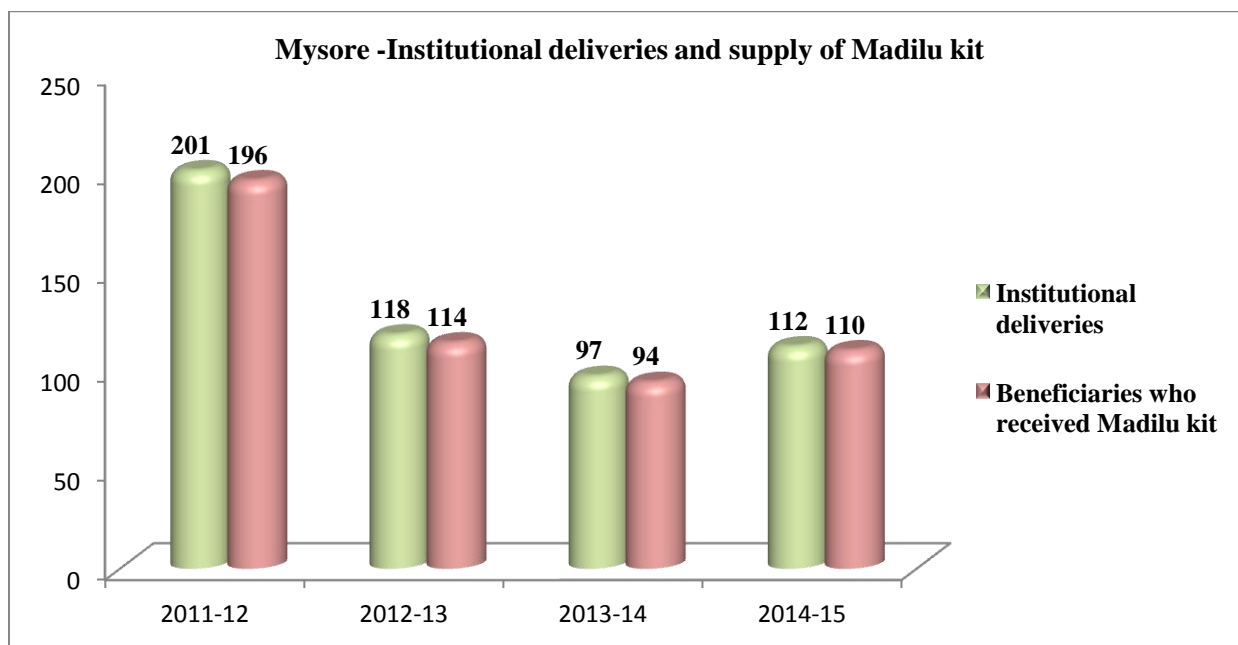
Table 1: Health Infrastructure

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	27
Total number of Primary Health Centres	151
Total number of sub-centres	510

Table 2: Areas selected by sampling in the district

Taluks	PHCs
Heggadadevankote	Annur 24x7 tribal
Tirumakudal narsipur	N.belthur tribal
	Malangi (24x7)

Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Mysore(Hospital Data)



There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

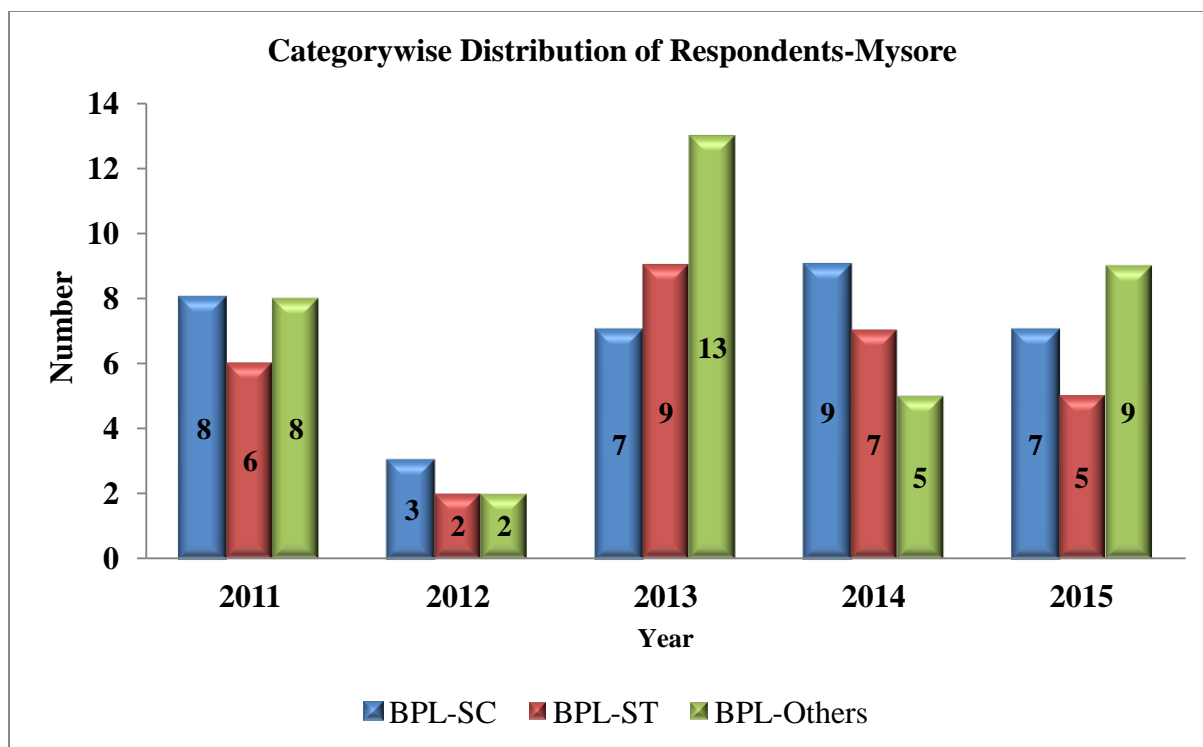
**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	34	29	37	100
<b>Mean age ± SD</b>	22.79 ± 2.14	22.35 ± 2.41	23.19± 4.67	22.81± 3.35
<b>Monthly income (mean)</b>	5492	6448	6475	6282
<b>Average family size</b>	4.88	4.69	4.54	4.7
<b>Education status</b>				
<b>Literate</b>	91.18	89.66	94.59	92.00
<b>Illiterate</b>	8.82	10.34	5.41	8.00
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	4(14.3)	11(45.8)	13(26.5)	28(27.7)
<b>Class IV</b>	25(89.3)	15(62.5)	21(42.9)	61(60.4)
<b>Class V</b>	4(14.3)	3(12.5)	2(4.1)	9(8.9)
<b>No Information</b>	1(3.6)	0(0.0)	1(2.0)	2(2.0)



**Graph 2: Year wise and caste wise distribution of respondents in Mysore**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	1	1.00

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
13	Cover for child	14	11.67	0	0.00	1	0.83

**Table 6: Mode of delivery- Mysore respondents (n=96)**

Normal (Vaginal)	Caesarean	Instrumental	Total
93(96.88)	3(3.13)	0(0.00)	96(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
70(73.68)	25(26.32)	95(100)

**Table 8: Payment of money for receipt of Madilu kit by Mysore respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
99(100.00)	0(0.00)	99(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	71	73.96	24	25.00	1	1.04
2	Carpet (Medium size)	47	48.96	43	44.79	6	6.25
3	Bed Sheet (Medium)	61	63.54	26	27.08	9	9.38
4	Thick Covering sheet for mother	76	79.17	18	18.75	2	2.08
5	Soap –mother	37	38.54	59	61.46	0	0.00
6	Washing soap	14	14.58	75	78.13	7	7.29

7	Cloth for tying around stomach - mother	69	71.88	23	23.96	4	4.17
8	Sanitary pads (square cotton cloth with noose)	64	66.67	32	33.33	0	0.00
9	Comb and coconut oil - mother	89	92.71	6	6.25	0	0.00
10	Towel - mother	92	95.83	4	4.17	0	0.00
11	Tooth paste and brush - mother	0	0.00	0	0.00	0	0.00
12	Rubber sheet + bed sheet - child	7	7.29	85	88.54	4	4.17
13	Cover for child	86	89.58	9	9.38	1	1.04
14	Soap – child	68	70.83	27	28.13	1	1.04
15	Rubber sheet – child	89	92.71	7	7.29	0	0.00
16	Diaper - child	76	79.17	19	19.79	0	0.00
17	Baby shirt - child	62	64.58	34	35.42	0	0.00
18	Sweater + cap + socks	6	6.25	86	89.58	4	4.17
19	Plastic bag (kit)	92	95.83	4	4.17	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	23(100.00)	0(0.00)	23(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	25(100.00)	0(0.00)	25(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	24(100.00)	0(0.00)	24(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	16(100.00)	0(0.00)	16(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	8(100.00)	0(0.00)	8(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>96(100.00)</b>	<b>0(0.00)</b>	<b>96(100.00)</b>

## **Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by only one (1%) of the beneficiaries.
- Cover for the child (13%) was quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 26% of the respondents but none of them paid cash to receive the kit.
- The towel for mother (96%) and kit bag(96%) supplied in the kit were found to be most useful.
- The washing soap (7%) and bedsheet (9%) were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Mysore:**

### **HD Kotte (THC)**

**ANNUR:** It is not a tribal area but mentioned as a tribal area. It is a camp of gypsy residents from the forests made camps past two generations. Resident doctor was present. 3 ANMs were doing the services in that area.

Female participant aged 24 years, raised a point while asking about the sufficiency of the kit *“I need more number of items in the kit. A pack of 19 items are not sufficient. We need more than 25 items”*

Another participant aged 23 years old, 2013-14 beneficiary, said *“Change the brand of the detergent soap supplied in the kit. I am getting allergic rashes in my hand after washing with this MDC detergent. Change it to RIN or WHEEL Soap instead”*

One female participant aged 22 years frowned and vigorously made her point saying *“The cap given by the government for my kid doesn’t fit his head. It is very small. It is made of woollen material and hence the elastic capacity is less. Change it into cotton cap with elastic borders”*

**N.BELTHUR:** It is a tribal area. Only two participants were ready to express ideas. It was a mixed group with ASHAs and ANMs.

Female participant 60 years old grandmother of the child, 2014-15 beneficiary, was sarcastic in asking *“ If we tell our problems about the kit, are you ready to do it by tomorrow? I feel the sweater given for the child is very thin and we have to cover the child with one more cloth while using it. Make a thick sweater or don’t give it”*

### **TIRUMAKUDALU NARASIPUR**

**MALANGI:** FGD containing 15 participants, mixed group was conducted.

Female participant, 23 years old, 2015 beneficiary, raised an issue saying with disagreement *“our area is having mosquitoes yet since no malaria cases were reported the mosquito nets were not supplied to us in the kit. How do they know that we are free from mosquitoes?”*

Female participant 19 years old, 2014-15 beneficiary, said *“the rubber sheet you provide gets worn out and powder like stuff comes out of it when the sheet is washed 2 to 3 times. It is not thick rubber and is not reliable”*

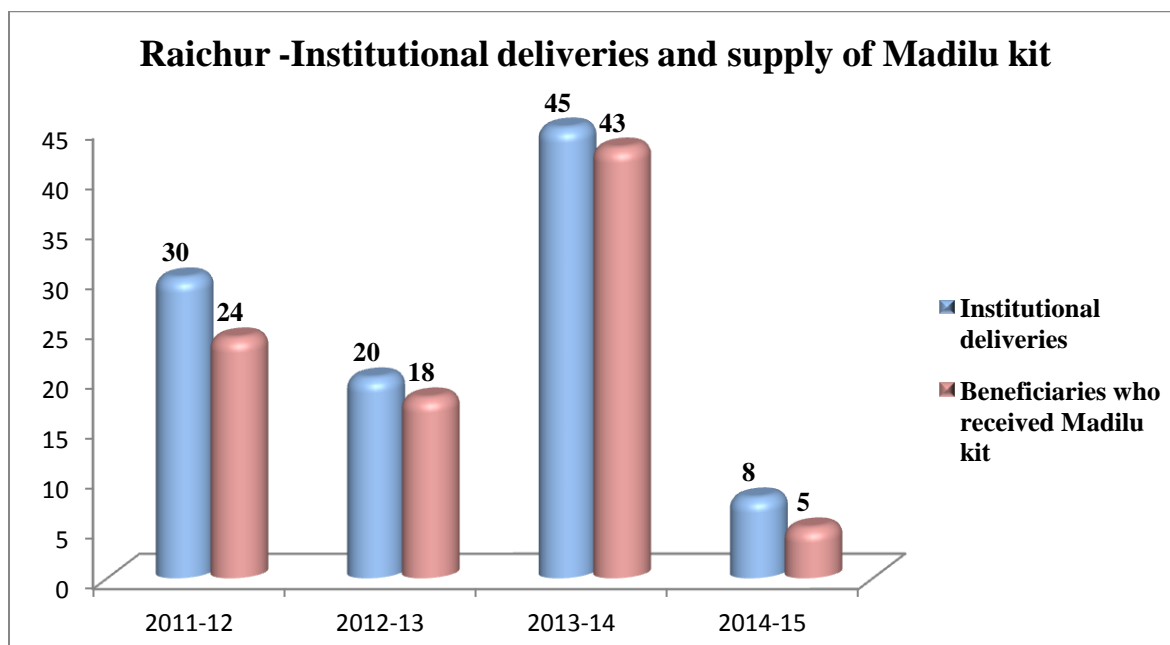
## RAICHUR DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	19
Total number of Primary Health Centres	46
Total number of sub-centres	212

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Devadurga	Gabbur (24x7)
Sindhanoor	Badarli (24x7)
	Paparaocamp (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Raichur (Hospital Data)**

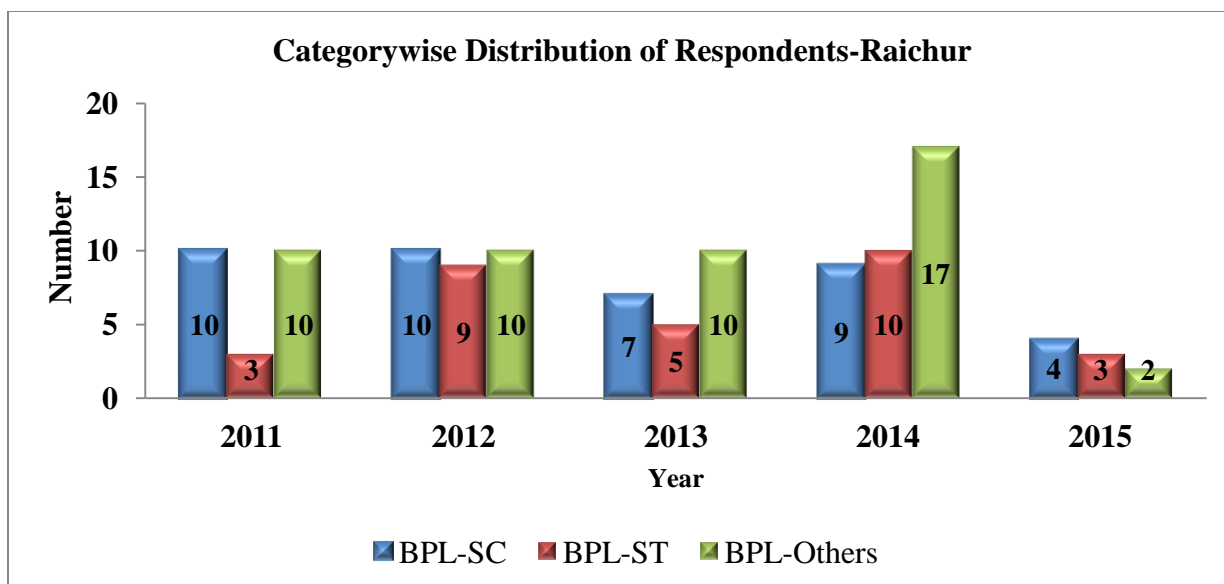
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with remarkable increase in 2013 but a very drastic fall in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	40	30	49	119
<b>Mean age ± SD</b>	24.15 ± 2.39	23.47 ± 2.38	23.86 ± 2.42	23.85 ± 2.42
<b>Monthly income (mean)</b>	2415	2327	2349	2366
<b>Average family size</b>	6.2	5.97	5.86	6
<b>Education status</b>				
<b>Literate</b>	95.00	96.67	97.96	96.64
<b>Illiterate</b>	5.00	3.33	2.04	3.36
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0.0	0.0	1(2.0)	1(0.8)
<b>Class IV</b>	5(12.5)	3(10.0)	3(6.1)	11(9.2)
<b>Class V</b>	35(87.5)	27(90.0)	45(91.8)	107(89.9)
<b>No Information</b>	0.0	0.0	0.0	0.0

**Graph 2: Year wise and caste wise distribution of respondents in Raichur**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	119	100.00

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet for mother	39	32.77	4	3.36	0	0.00
8	Sanitary pads (square cotton cloth with noose)	21	17.65	49	41.18	0	0.00
16	Diaper - child	11	9.24	2	1.68	0	0.00



**Table 6: Mode of delivery- Raichur respondents (n=119)**

Normal (Vaginal)	Caesarean	Instrumental	Total
119(100.00)	0(0.00)	0(0.00)	119(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
1(0.86)	115(99.14)	116(100)

**Table 8: Payment of money for receipt of Madilu kit by Raichurrespondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
119(100.00)	0(0.00)	119(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0	%
1	Mosquito curtain (mother)	0	-	0	-	0	-
2	Carpet (Medium size)	45	37.82	74	62.18	0	0.00
3	Bed Sheet (Medium)	53	44.54	66	55.46	0	0.00
4	Thick Covering sheet for mother	53	44.54	66	55.46	0	0.00
5	Soap –mother	45	37.82	74	62.18	0	0.00
6	Washing soap	45	37.82	74	62.18	0	0.00

7	Cloth for tying around stomach - mother	45	37.82	74	62.18	0	0.00
8	Sanitary pads (square cotton cloth with noose)	45	37.82	74	62.18	0	0.00
9	Comb and coconut oil - mother	45	37.82	74	62.18	0	0.00
10	Towel - mother	47	39.50	72	60.50	0	0.00
11	Tooth paste and brush - mother	48	40.34	71	59.66	0	0.00
12	Rubber sheet + bed sheet - child	50	42.02	69	57.98	0	0.00
13	Cover for child	45	37.82	74	62.18	0	0.00
14	Soap – child	45	37.82	74	62.18	0	0.00
15	Rubber sheet – child	45	37.82	74	62.18	0	0.00
16	Diaper - child	45	37.82	74	62.18	0	0.00
17	Baby shirt - child	48	40.34	71	59.66	0	0.00
18	Sweater + cap + socks	51	42.86	68	57.14	0	0.00
19	Plastic bag (kit)	45	37.82	74	62.18	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0 (0.00)	0 (0.00)	1 (1.19)	0 (0.00)	0 (0.00)	0 (0.00)
<b>2012</b>	0 (0.00)	0 (0.00)	15 (17.86)	0 (0.00)	0(0.00)	15 (12.61)
<b>2013</b>	0 (0.00)	0 (0.00)	15 (17.86)	5 (19.23)	1 (11.11)	21 (17.65)
<b>2014</b>	0 (0.00)	0 (0.00)	29 (34.52)	15 (57.69)	2 (22.22)	46 (38.66)
<b>2015</b>	0 (0.00)	0 (0.00)	24 (28.57)	6 (23.08)	6 (66.67)	36 (30.25)
<b>Total</b>	<b>0 (0.00)</b>	<b>0 (0.00)</b>	<b>84 (72.27)</b>	<b>26 (21.85)</b>	<b>9 (7.6)</b>	<b>119 (100.00)</b>

## **Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with remarkable increase in 2013 but a very drastic fall in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by any (100%) of the beneficiaries.
- Thick covering (36%), sanitary pads (59%) and baby diapers (11%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 99% of the respondents but none of them paid cash to receive the kit.
- The bedsheet (45%) and Thick covering (45%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “neutral” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Raichur:**

### **DEVADURGA**

### **GABBUR**

Mosquito nets were not supplied in this area as it was not dengue affected a few months back but it was not included in the kit and supplied separately which was pointed out by a participant “*I never received the mosquito after delivery even after 6 months of receipt of the Madilu kit in the hospital*”

The bedsheet supplied in the kit was thin and not resisting cold as quoted by a participant  
*“The bedsheet doesn’t protect me from cold it is thin like a cloth used for stitching clothes”*

### **SINDHANOOR**

#### **BADARLI**

The Madilu kits were given after one month because of out of stock.

ANMs and ASHAs mentioned that *“the beneficiaries are not providing proper documents at the time of issue of the kit. Later they turn up on a later date when the kits are out of stock”*

### **PAPPARAO CAMP**

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female participant (2014-15) who said *“the sweater, cap and socks are too small that it is even difficult to make the child body enter into it”*

Some mothers demanded that a sweater may be provided for the mother also. Another beneficiary demanded that slippers be given for the mothers.

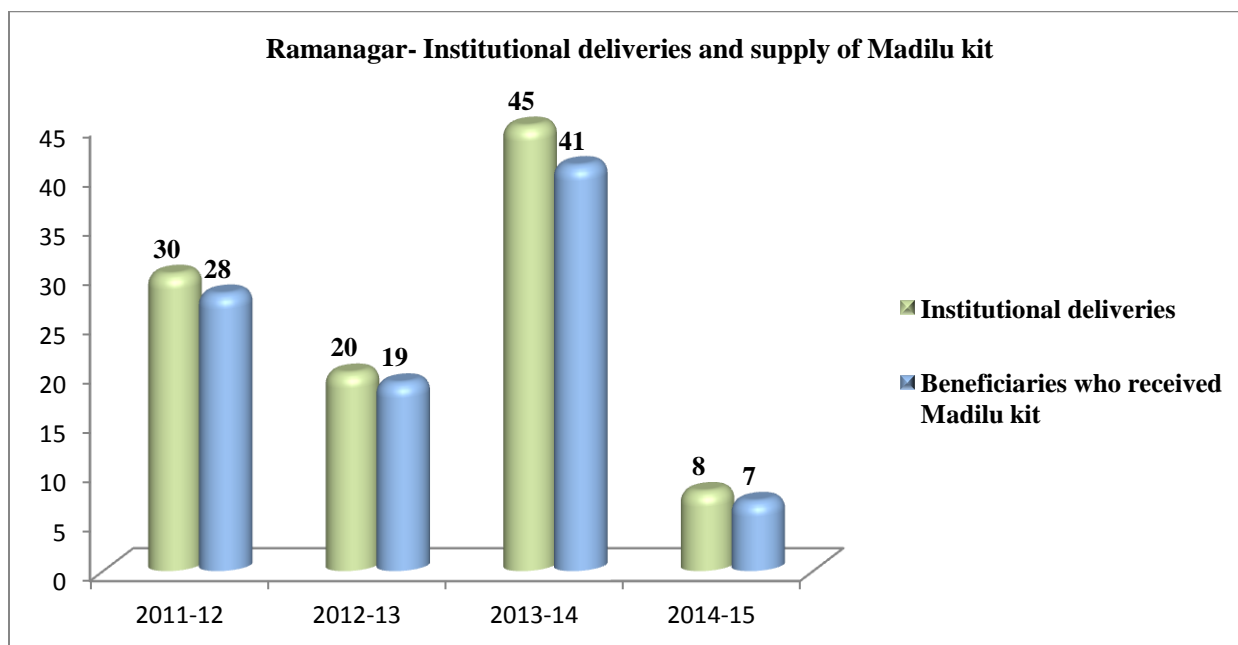
## RAMANAGAR DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	4
Total number of Sub-district Hospitals	15
Total number of Primary Health Centres	54
Total number of sub-centres	240

**Table 2: Areas selected by sampling in the district**

Taluks	Phcs
Kanakapur	Doddalahalli (24x7)
Magadi	Shivanahalli
	Kudur (24x7)

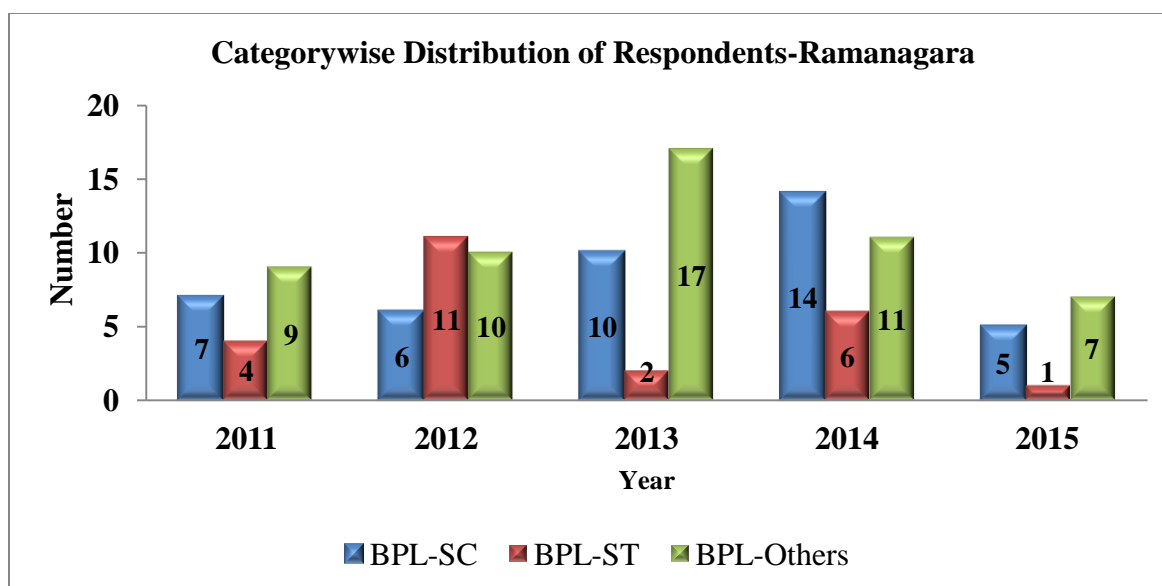
**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Ramanagar (Hospital Data)**

There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with remarkable increase in 2013 but a very drastic fall in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	42	24	54	120
<b>Mean age ± SD</b>	23.86 ± 2.77	24.08 ± 2.77	24.06 ± 2.75	23.99 ± 2.76
<b>Monthly income (mean)</b>	1222	1304	1319	1282
<b>Average family size</b>	4.66	5.08	4.98	4.89
<b>Education status</b>				
<b>Literate</b>	100.00	100.00	3.70	1.67
<b>Illiterate</b>	0.00	0.00	96.30	98.33
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class IV</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class V</b>	42(100.0)	24(100.0)	54(100.0)	120(100.0)
<b>No Information</b>	0.0	0.0	0.0	0.0

**Graph 2: Year wise and caste wise distribution of respondents in Ramanagar****Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	96	80.00

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
2	Carpet (Medium size)	0	0.00	0	0.00	10	8.33
3	Bed Sheet (Medium)	0	0.00	0	0.00	36	30.00
18	Sweater + cap + socks	0	0.00	0	0.00	73	60.83

**Table 6: Mode of delivery- Ramanagar respondents (n=120)**

Normal (Vaginal)	Caesarean	Instrumental	Total
115(95.83)	5(4.17)	0(0.00)	120(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
8(6.67)	112(93.33)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Ramanagar respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
113(94.17)	7(5.83)	120(100)	71

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	15	60.00	10	40.00	0	0.00
2	Carpet (Medium size)	21	17.50	92	76.67	7	5.83
3	Bed Sheet (Medium)	18	15.00	99	82.50	3	2.50
4	Thick Covering sheet for mother	18	15.00	98	81.67	4	3.33
5	Soap –mother	23	19.17	97	80.83	0	0.00
6	Washing soap	18	15.00	102	85.00	0	0.00



7	Cloth for tying around stomach - mother	18	15.00	101	84.17	1	0.83
8	Sanitary pads (square cotton cloth with noose)	14	11.67	85	70.83	21	17.50
9	Comb and coconut oil - mother	18	15.00	102	85.00	0	0.00
10	Towel - mother	17	14.17	103	85.83	0	0.00
11	Tooth paste and brush - mother	18	15.00	102	85.00	0	0.00
12	Rubber sheet + bed sheet - child	18	15.00	102	85.00	0	0.00
13	Cover for child	18	15.00	102	85.00	0	0.00
14	Soap – child	18	15.00	102	85.00	0	0.00
15	Rubber sheet – child	18	15.00	102	85.00	0	0.00
16	Diaper - child	18	15.00	89	74.17	13	10.83
17	Baby shirt - child	18	15.00	102	85.00	0	0.00
18	Sweater + cap + socks	18	15.00	102	85.00	0	0.00
19	Plastic bag (kit)	18	15.00	102	85.00	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	12(70.59)	5(29.41)	17(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	17(62.96)	10(37.04)	27(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	24(85.71)	4(14.29)	28(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	23(74.19)	8(25.81)	31(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	11(64.71)	6(35.29)	17(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>87(72.50)</b>	<b>33(27.50)</b>	<b>120(100.00)</b>

**Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with remarkable increase in 2013 but a very drastic fall in 2014-15. The

supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

- Mosquito curtain was not received by many (80%) beneficiaries.
- Sweater + cap + socks(61%), Bed Sheet (8.3%) and Carpet (30%)were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 93% of the respondents and seven of them paid cash (Rs.77/-on average) to receive the kit.
- The mosquito curtains (68%) and soap for mother(62%) supplied in the kit were found to be most useful.
- The sanitary pads (11%) and baby diapers (18%) were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Ramanagara:**

#### **Kanakapur**

The respondents were very much dissatisfied with the cloths provided as sanitary pads and diapers which never soaks the fluids and keeps warm. It is better to provide napkins which are soakable.

One participant (2013-14) made her point strong saying “*There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time*”

Another mother stated “*mosquito nets are separately given apart from Madilu kits packwhich is not acceptable*”

ANMs and ASHAS detailed that *“the beneficiaries who were referred from PHC for complicated deliveries were not provided kits because they were not eligible. They actually deserve it as we had only referred them to a private institution and they did not go on their own wish”*

### **Magadi**

Female participant 21 years old, 2014-15 beneficiaries, said *“Give us sanitary pads instead of the cloths provided in the kit. The cloth is never used for the purpose it is given”*

Female participant 22 years old, 2014-15 beneficiaries, asked with an expectation *“why can’t you provide a sweater that will fully cover the body of the child with a zip in the center?”*

**SHIMOGA DISTRICT**

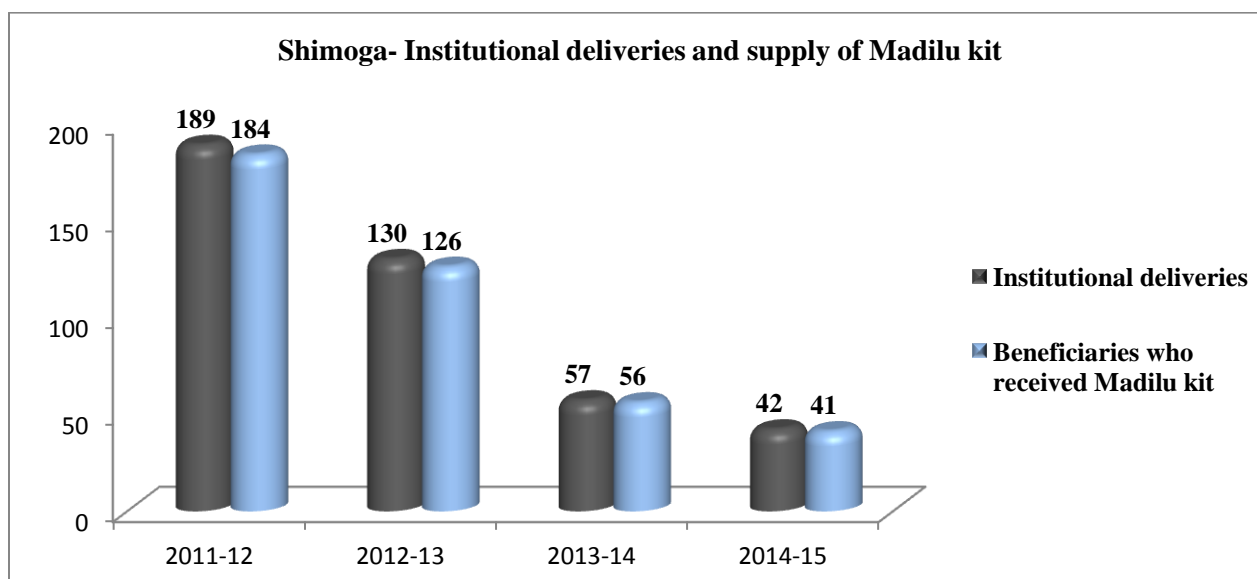
**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	7
Total number of Sub-district Hospitals	26
Total number of Primary Health Centres	96
Total number of sub-centres	352

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Bhadravathi	Antharagange (24x7)
Sagar	Thallikatte
	Kargal (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Shimoga (Hospital Data)**



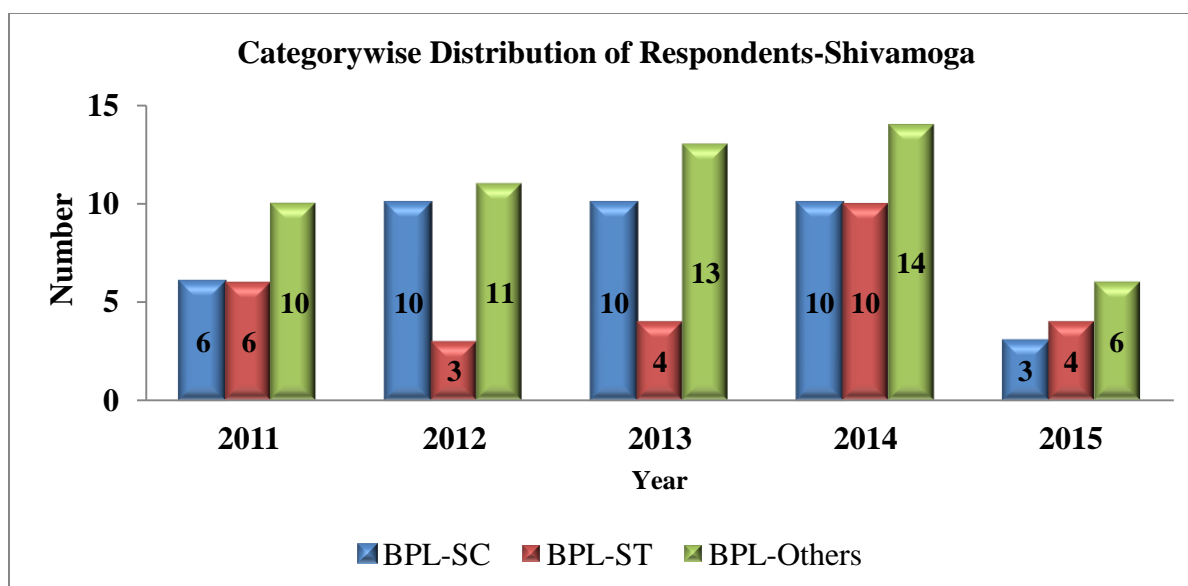
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with significant decrease since 2013 to 2015. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	39	27	54	120
<b>Mean age <math>\pm</math> SD</b>	22.26 $\pm$ 2.44	22.16 $\pm$ 2.40	22.24 $\pm$ 2.41	22.23 $\pm$ 2.44
<b>Monthly income (mean)</b>	1151	1196	1160	1165
<b>Average family size</b>	5.3	5.26	5.54	5.4
<b>Education status</b>				
<b>Literate</b>	12.82	0.00	1.85	5.00
<b>Illiterate</b>	87.18	100.00	98.15	95.00
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class IV</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class V</b>	39(100.0)	27(100.0)	54(100.0)	120(100.0)
<b>No Information</b>	0.0	0.0	0.0	0.0

**Graph 2: Year wise and caste wise distribution of respondents in Shimoga**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	4	3.33%

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
12	Rubber sheet + bed sheet - child	0	0.00	24	20.00	0	0.00
13	Cover for child	0	0.00	11	9.17	0	0.00
14	Soap – child	0	0.00	22	18.33	0	0.00
15	Rubber sheet – child	0	0.00	22	18.33	0	0.00
16	Diaper - child	0	0.00	35	29.17	0	0.00
17	Baby shirt - child	0	0.00	14	11.67	0	0.00
18	Sweater + cap + socks	0	0.00	69	57.50	2	1.67
19	Plastic bag (kit)	0	0.00	77	64.17	0	0.00

**Table 6: Mode of delivery- Shimogarespondents (n=120)**

Normal (Vaginal)	Caesarean	Instrumental	Total
120(100.00)	0(0.00)	0(0.00)	120(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
0(0.00)	120(100.00)	120(100)

**Table 8: Payment of money for receipt of Madilu kit by Shimoga respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
120(100.00)	0(0.00)	120(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	118	98.33	2	1.67	0	0.00
2	Carpet (Medium size)	119	99.17	1	0.83	0	0.00
3	Bed Sheet (Medium)	119	99.17	1	0.83	0	0.00
4	Thick Covering sheet for mother	115	95.83	5	4.17	0	0.00

5	Soap –mother	117	97.50	3	2.50	0	0.00
6	Washing soap	115	95.83	5	4.17	0	0.00
7	Cloth for tying around stomach - mother	114	95.00	6	5.00	0	0.00
8	Sanitary pads (square cotton cloth with noose)	108	90.00	12	10.00	0	0.00
9	Comb and coconut oil - mother	107	89.17	13	10.83	0	0.00
10	Towel - mother	97	80.83	23	19.17	0	0.00
11	Tooth paste and brush - mother	86	71.67	34	28.33	0	0.00
12	Rubber sheet + bed sheet - child	68	56.67	52	43.33	0	0.00
13	Cover for child	65	54.17	55	45.83	0	0.00
14	Soap – child	61	50.83	59	49.17	0	0.00
15	Rubber sheet – child	65	54.17	55	45.83	0	0.00
16	Diaper - child	68	56.67	52	43.33	0	0.00
17	Baby shirt - child	49	40.83	71	59.17	0	0.00
18	Sweater + cap + socks	46	38.33	74	61.67	0	0.00
19	Plastic bag (kit)	42	35.00	78	65.00	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	9(47.37)	10(52.63)	19(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	6(35.29)	11(64.71)	17(100.00)
<b>2013</b>	0(0.00)	0(0.00)	1(2.94)	17(50.00)	16(47.06)	34(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	17(58.62)	12(41.38)	29(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	10(47.62)	11(52.38)	21(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>1(0.83)</b>	<b>59(49.17)</b>	<b>60(50.00)</b>	<b>120(100.00)</b>



**Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 with significant decrease since 2013 to 2015. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by only few (3.3%) of the beneficiaries.
- Sweater + cap + socks (59%) and kit bag (64%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 100% of the respondents but none of them paid cash to receive the kit.
- The carpet (99%), bedsheet(99%) and mosquito curtains (98%) supplied in the kit were found to be most useful.
- The soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

**Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Shimoga:**

**Bhadravathi**

The beneficiaries were satisfied with the Madilu program and its usefulness but they were little worried about the delay in the supply of the kits.

Female participant 20 years old, 2014-15 beneficiaries, said “*the socks size does not fit the child’s leg it was very small and was useless. The bedsheet is not comforting enough during cold weather. It is very thin. Provide us with a nighty along with the kit*”

Female participant 21 years old, 2014-15 beneficiaries, said *“Give us sanitary pads instead of the cloths provided in the kit. The cloth is never used for the purpose it is given”*

Female participant 22 years old, 2014-15 beneficiaries, asked with an expectation *“why can’t you provide a sweater that will fully cover the body of the child.”*

### **Sagar**

One mother said that *“the sweaters provided in the kit lose their colour with one or two washes and gets faded away”* She emphasized that *“it would be better to add slippers for the mothers”*

On probing about the utilization of JSY/PA money one participant told with ease *“I used that money to buy household stuffs as it was given long after my delivery”*

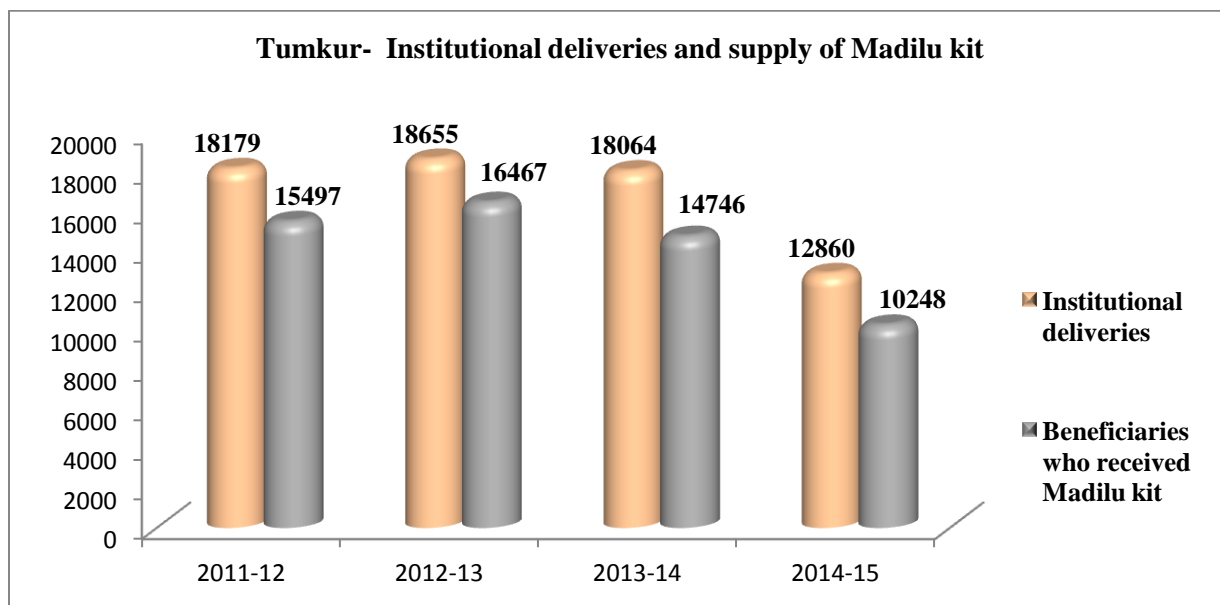
## TUMKUR DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	4
Total number of Sub-district Hospitals	39
Total number of Primary Health Centres	123
Total number of sub-centres	524

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Sira	Chiratha hally (24x7)
Kunigal	Huliyurdurga (24x7)
	Tavrekere

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Tumkur (Hospital Data)**

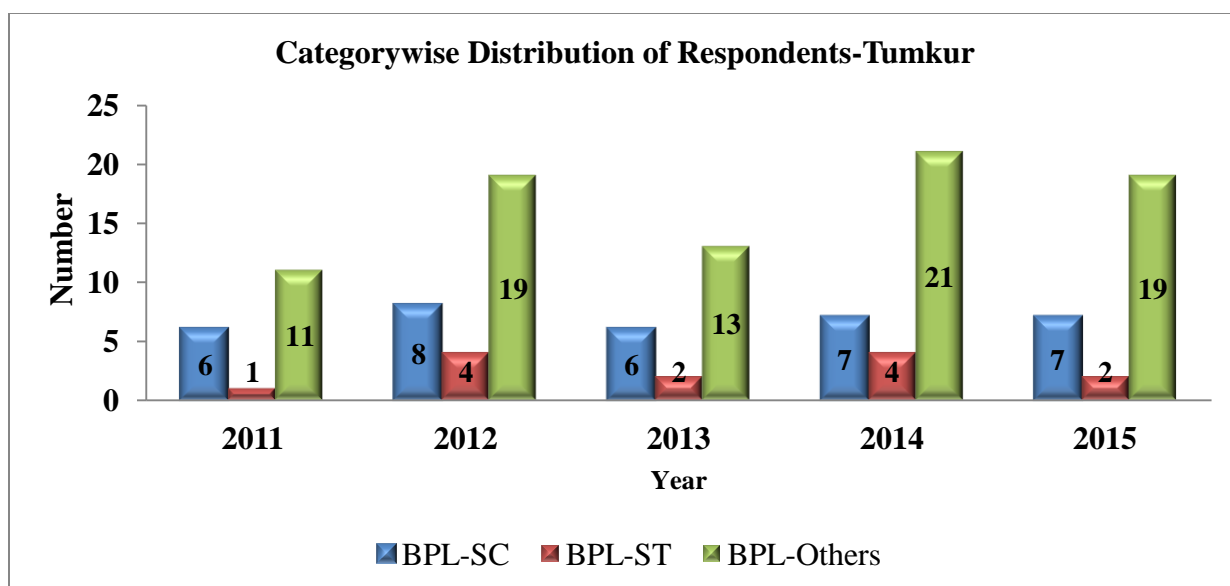
There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 till 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

**Respondent Characteristics:**

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

<b>Characteristics</b>	<b>BPL SC (%)</b>	<b>BPL ST (%)</b>	<b>BPL Others (%)</b>	<b>Total (%)</b>
<b>Number of beneficiaries</b>	34	13	83	130
<b>Mean age ± SD</b>	23.65 ± 2.85	23.15 ± 2.03	23.21 ± 2.85	23.32 ± 2.77
<b>Monthly income (mean)</b>	3484	4615	4709	4390
<b>Average family size</b>	4.72	5	5.67	5.43
<b>Education status</b>				
<b>Literate</b>	97.06	100.00	96.39	96.92
<b>Illiterate</b>	2.94	0.00	3.61	3.08
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	0(0.0)	2(15.4)	1(1.2)	3(2.5)
<b>Class IV</b>	12(50.0)	4(30.8)	50(60.2)	66(55.0)
<b>Class V</b>	8(33.3)	5(38.5)	28(33.7)	41(34.2)
<b>No Information</b>	4(16.7)	2(15.4)	4(4.8)	10(8.3)

**Graph 2: Year wise and caste wise distribution of respondents in Tumkur**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	4	3.28
12	Rubber sheet + bed sheet - child	2	1.64

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
7	Cloth for tying around stomach - mother	6	4.69	0	0.00	3	2.34
17	Baby shirt - child	25	19.53	0	0.00	5	3.91
16	Diaper - child	5	3.91	0	0.00	4	3.13

**Table 6: Mode of delivery- Tumkur respondents (n=130)**

Normal (Vaginal)	Caesarean	Instrumental	Total
130(100.00)	0(0.00)	0 (0.00)	130(100.00)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
68(52.31)	62(47.69)	130(100)

**Table 8: Payment of money for receipt of Madilu kit by Tumkur respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
125(96.15)	5(3.85)	130(100)	95

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	36	81.82	8	18.18	0	0.00
2	Carpet (Medium size)	32	43.24	40	54.05	2	2.70
3	Bed Sheet (Medium)	49	64.47	25	32.89	2	2.63
4	Thick Covering sheet for mother	40	53.33	35	46.67	0	0.00
5	Soap –mother	34	44.74	39	51.32	3	3.95
6	Washing soap	32	42.11	41	53.95	3	3.95

7	Cloth for tying around stomach - mother	31	40.79	41	53.95	4	5.26
8	Sanitary pads (square cotton cloth with noose)	30	39.47	44	57.89	2	2.63
9	Comb and coconut oil - mother	35	46.05	39	51.32	2	2.63
10	Towel - mother	30	39.47	45	59.21	1	1.32
11	Tooth paste and brush - mother	31	41.89	42	56.76	1	1.35
12	Rubber sheet + bed sheet - child	38	50.67	35	46.67	2	2.67
13	Cover for child	39	51.32	35	46.05	2	2.63
14	Soap – child	44	57.89	31	40.79	1	1.32
15	Rubber sheet – child	27	35.53	47	61.84	2	2.63
16	Diaper - child	27	35.53	47	61.84	2	2.63
17	Baby shirt - child	41	53.95	32	42.11	3	3.95
18	Sweater + cap + socks	41	53.95	33	43.42	2	2.63
19	Plastic bag (kit)	27	35.53	47	61.84	2	2.63

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	1(5.56)	0(0.00)	0(0.00)	17(94.44)	0(0.00)	18(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	26(83.87)	5(16.13)	31(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	20(95.24)	1(4.76)	21(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	30(93.75)	2(6.25)	32(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	17(60.71)	11(39.29)	28(100.00)
<b>Total</b>	<b>1(0.77)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>110(84.62)</b>	<b>19(14.62)</b>	<b>130(100.00)</b>

**Conclusion:**

- There is a gradual and slower declining trend in the number of Institutional deliveries since 2012 till 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

- Mosquito curtain (3.3%) and rubber sheet (2%) were missing in the kit received by the beneficiaries.
- Abdomen Cloth (7%), baby dress (21%) and baby diapers (7%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 48% of the respondents and 5 of them paid cash (Rs.95/- on average) to receive the kit.
- The Mosquito curtains (82%), bedsheet (65%), thick covering (53%) and baby soaps (56%) supplied in the kit were found to be most useful.
- The cloth for tying around the abdomen, washing soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Tumkur:**

#### **Sira**

The respondents recommended lots of products need to be substituted in the kit instead of some products which are of less use. The abdominal cloth, baby dresses and baby diapers were found useless and needed replacement with slippers for the mother and better quality baby dresses.

One respondent (2013-14) made a demand “*I am not using the abdominal cloth provided in the kit. Such things are easily available. We need better quality cloth and not easily tearable and colour fading clothes as supplied by the government*”



Another respondent said *“we are thankful for the bedsheets and mosquito curtains as our child sleeps comfortably now”*

### **Kunigal**

The respondents were more contented with the linen items supplied but not with the items of temporary usage like cosmetics and soaps.

One participant (2014-15) said *“the soaps and detergents are things which gets over very shortly and is of lesser use.”*

The older respondents especially the mother-in-laws feel that there must be child feeding bottles or feeding instruments (Olalu) in the kit. One old lady, mother-in-law of a beneficiary (2013-14) said *“my daughter-in-law goes to field for cultivation and I have to feed the child. An Olalu will be a better inclusion for us”*

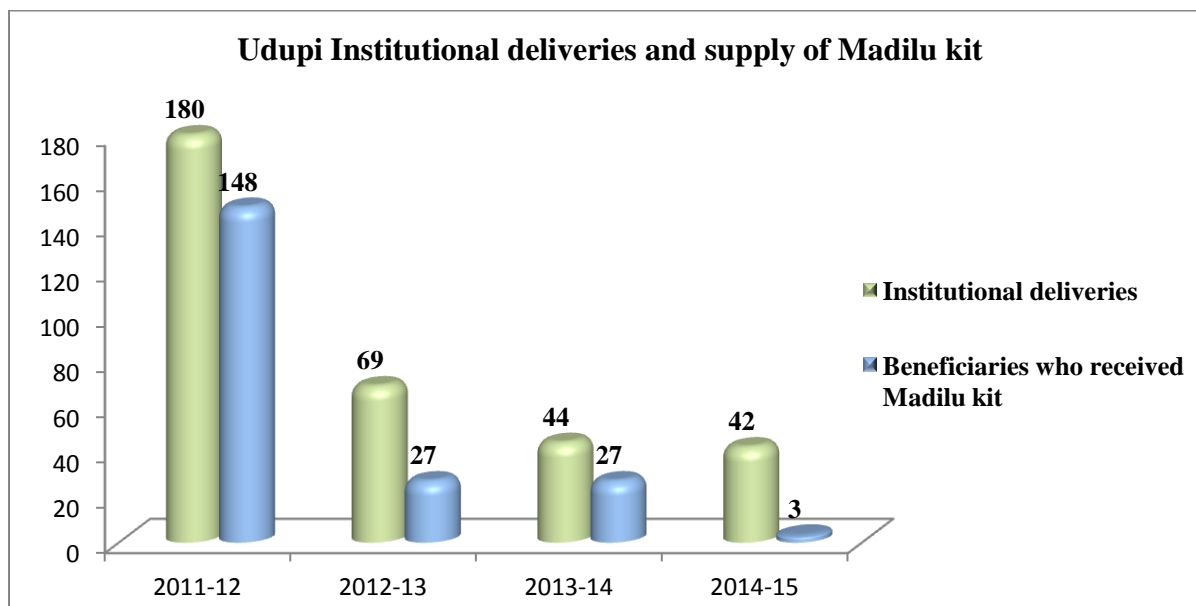
## UDUPI DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	6
Total number of Sub-district Hospitals	11
Total number of Primary Health Centres	60
Total number of sub-centres	323

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Karkal	Belmannu (24x7)
Kundapura	Belve (24x7)
	Kumbhashi (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Udupi (Hospital Data)**

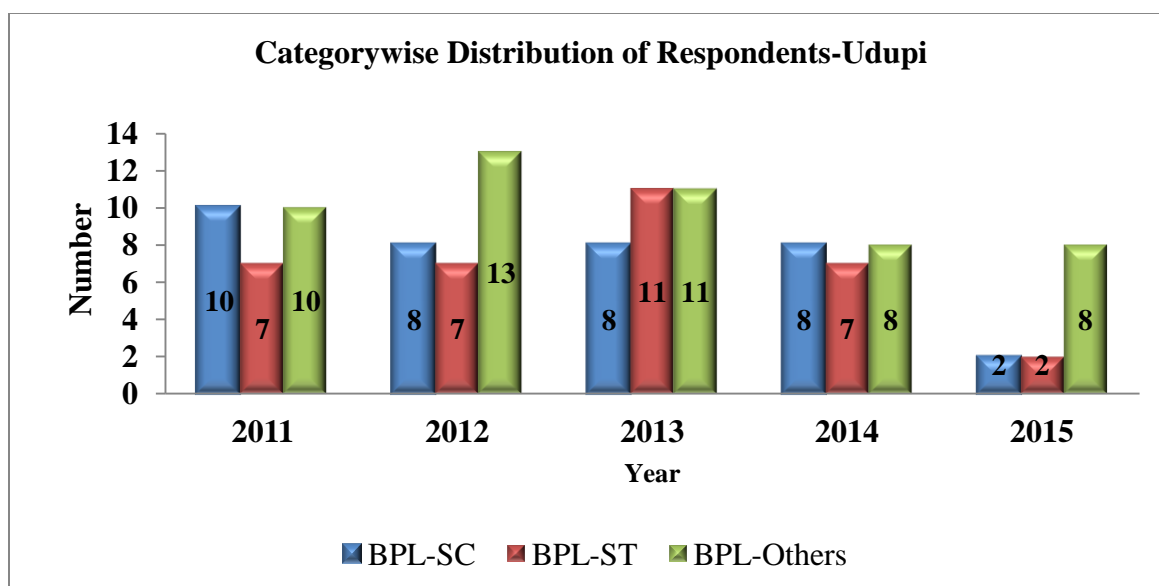
There is a steep declining trend in the number of Institutional deliveries since 2011 with faster decline from 2013 till 2014-15. The supply of Madilu has not been in par with the number of Institutional deliveries in the past 5 years. In 2014-15 there was very less supply of Madilu kits due to out-of-stock.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	36	34	50	120
<b>Mean age <math>\pm</math> SD</b>	25.36 $\pm$ 3.16	25.65 $\pm$ 3.18	26.18 $\pm$ 3.07	25.78 $\pm$ 3.15
<b>Monthly income (mean)</b>	3178	2909	3274	3142
<b>Average family size</b>	4.19	4.09	4.46	4.27
<b>Education status</b>				
<b>Literate</b>	97.22	100.00	100.00	100.00
<b>Illiterate</b>	2.78	0.00	0.00	0.00
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class III</b>	4(11.1)	3(8.8)	5(10.0)	12(10.0)
<b>Class IV</b>	14(38.9)	14(41.2)	20(40.0)	48(40.0)
<b>Class V</b>	18(50.0)	17(50.0)	25(50.0)	60(50.0)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Udupi**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	4	3.28
12	Rubber sheet + bed sheet - child	2	1.64

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
18	Sweater + cap + socks	18	14.75	0	0.00	7	5.74
19	Plastic bag (kit)	0	0.00	0	0.00	22	18.03

**Table 6: Mode of delivery- Udupi respondents (n=120)**

Normal (Vaginal)	Caesarean	Instrumental	Total
120(100.00)	0(0.00)	0(0.00)	120(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
33(32.04)	70(67.96)	103(100)

**Table 8: Payment of money for receipt of Madilu kit by Udupi respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
120(100.00)	0(0.00)	120(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	1	7.14	13	92.86	0	0.00
2	Carpet (Medium size)	1	0.83	119	99.17	0	0.00
3	Bed Sheet (Medium)	1	0.83	119	99.17	0	0.00
4	Thick Covering sheet for mother	1	0.83	119	99.17	0	0.00
5	Soap –mother	1	0.83	119	99.17	0	0.00
6	Washing soap	1	0.83	119	99.17	0	0.00

7	Cloth for tying around stomach - mother	2	1.67	117	97.50	1	0.83
8	Sanitary pads (square cotton cloth with noose)	1	0.83	119	99.17	0	0.00
9	Comb and coconut oil - mother	0	0.00	118	98.33	2	1.67
10	Towel - mother	0	0.00	119	99.17	1	0.83
11	Tooth paste and brush - mother	1	0.83	118	98.33	1	0.83
12	Rubber sheet + bed sheet - child	1	0.83	111	92.50	8	6.67
13	Cover for child	0	0.00	116	96.67	4	3.33
14	Soap – child	0	0.00	118	98.33	2	1.67
15	Rubber sheet – child	0	0.00	114	95.00	6	5.00
16	Diaper - child	0	0.00	119	99.17	1	0.83
17	Baby shirt - child	0	0.00	91	75.83	29	24.17
18	Sweater + cap + socks	1	0.83	76	63.33	43	35.83
19	Plastic bag (kit)	1	0.83	115	95.83	4	3.33

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	26(96.30)	1(3.70)	27(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	28(100.00)	0(0.00)	28(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	30(100.00)	0(0.00)	30(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	23(100.00)	0(0.00)	23(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	12(100.00)	0(0.00)	12(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>119(99.17)</b>	<b>1(0.83)</b>	<b>120(100.00)</b>

**Conclusion:**

- There is a steep declining trend in the number of Institutional deliveries since 2011 with faster decline from 2013 till 2014-15. The supply of Madilu has not been in par with the

number of Institutional deliveries in the past 5 years. In 2014-15 there was very less supply of Madilu kits due to out-of-stock.

- Mosquito curtain was not received by any (100%) of the beneficiaries.
- Sweater+socks (21%) and kit bag (18%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt 68% of the respondents but none of them paid cash to receive the kit.
- The carpet (99%) and bedsheets (99%) supplied in the kit were found to be most useful.
- The rubber sheet, baby dress, sweater and kit bag were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

### **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Udupi district:**

#### **Karkal**

The respondents were happy with the idea of Madilu kits being provided. Mosquito kits were supplied in this district. They liked the linen supplied but demanded a change of diapers and rubber sheets provided in the kit.

One participant 19 years old (2014-15 beneficiary) said “*the rubber sheet you provide gets worn out and powder like stuff comes out of it when the sheet is washed 2 to 3 times. It is not thick rubber and is not reliable*”

## **Kundapura**

The ANM of the hospital suddenly raised an issue about the quality of coconut oil and failure of supply of mosquito nets. She said *“the coconut oil was solid on opening, most of the time there is a damp smell from the linen supplied in the kit. The mosquito nets are useful products but not included in the kit.”*

ASHA worker and ANM worker together made a point *“the kits provided had materials which were in a damaged condition”*



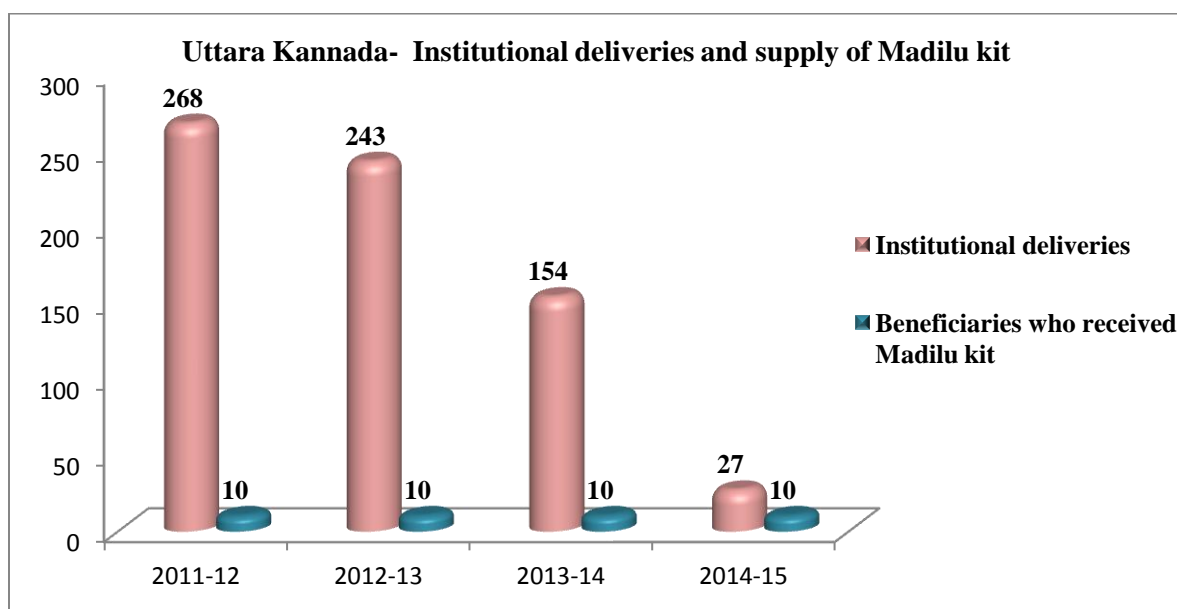
## UTTARA KANNADA DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	2
Total number of Sub-district Hospitals	43
Total number of Primary Health Centres	78
Total number of sub-centres	344

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Ankola	Belse
Supa	Castlerock
	Kumbarwada (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Uttara Kannada (Hospital Data)**

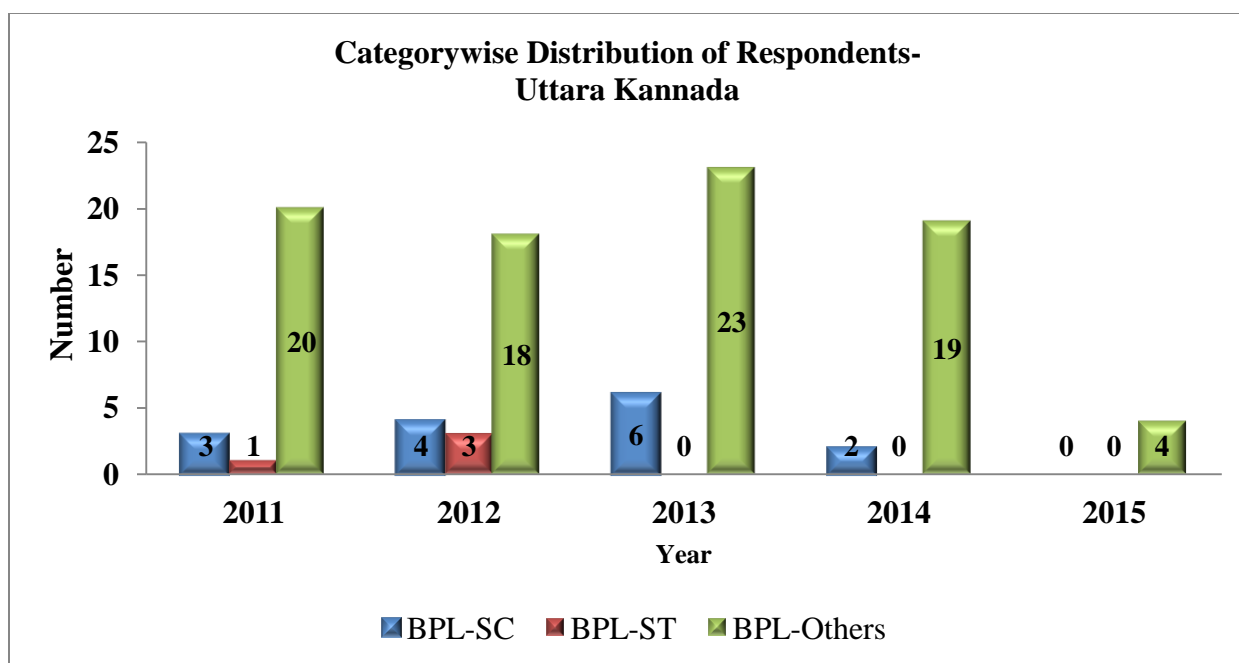
There is a steep declining trend in the number of Institutional deliveries since 2011 with faster decline from 2013 till 2014-15. The supply of Madilu has not been in par with the number of Institutional deliveries in the past 5 years. In 2014-15 there was very less supply of Madilu kits due to out-of-stock.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	15	4	84	103
<b>Mean age <math>\pm</math> SD</b>	25.20 $\pm$ 3.67	27.00 $\pm$ 2.16	24.81 $\pm$ 3.61	24.95 $\pm$ 3.57
<b>Monthly income (mean)</b>	5467	3750	5405	5350
<b>Average family size</b>	5.07	6	6.21	6.04
<b>Education status</b>				
<b>Literate</b>	100.00	100.00	96.43	97.09
<b>Illiterate</b>	0.00	0.00	3.57	2.91
<b>Socio-economic status</b>				
<b>Class I</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>Class II</b>	0(0.0)	0(0.0)	1(1.2)	1(0.8)
<b>Class III</b>	4(16.7)	0(0.0)	1(1.2)	5(4.2)
<b>Class IV</b>	8(33.3)	0(0.0)	55(66.3)	63(52.5)
<b>Class V</b>	3(12.5)	4(30.8)	27(32.5)	34(28.3)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Uttarakannada**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	26	25.24

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
7	Cloth for tying around abdomen - mother	0	0.00	0	0.00	15	14.56
8	Sanitary pads (square cotton cloth with noose)	0	0.00	0	0.00	15	14.56

**Table 6: Mode of delivery- Uttarakannada respondents (n=103)**

Normal (Vaginal)	Caesarean	Instrumental	Total
103(100.00)	0(0.00)	0(0.00)	103(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
70(67.96)	33(32.04)	103(100)

**Table 8: Payment of money for receipt of Madilu kit by Uttarakannada respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
103(100.00)	0(0.00)	103(100)	0

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0.	%
1	Mosquito curtain (mother)	65	63.11	36	34.95	2	1.94
2	Carpet (Medium size)	59	57.28	44	42.72	0	0.00
3	Bed Sheet (Medium)	76	73.79	24	23.30	3	2.91
4	Thick Covering sheet for mother	0	0.00	38	36.89	65	63.11
5	Soap –mother	69	66.99	33	32.04	1	0.97

6	Washing soap	95	92.23	8	7.77	0	0.00
7	Cloth for tying around stomach - mother	52	50.49	51	49.51	0	0.00
8	Sanitary pads (square cotton cloth with noose)	80	77.67	21	20.39	2	1.94
9	Comb and coconut oil - mother	84	81.55	21	20.39	1	0.97
10	Towel - mother	92	89.32	11	10.68	3	2.91
11	Tooth paste and brush - mother	65	63.11	33	32.04	5	4.85
12	Rubber sheet + bed sheet - child	94	91.26	9	8.74	0	0.00
13	Cover for child	66	64.08	37	35.92	0	0.00
14	Soap – child	2	1.94	23	22.33	81	78.64
15	Rubber sheet – child	91	88.35	11	10.68	1	0.97
16	Diaper - child	99	96.12	3	2.91	1	0.97
17	Baby shirt - child	92	89.32	11	10.68	0	0.00
18	Sweater + cap + socks	0	0.00	0	0.00	95	92.23
19	Plastic bag (kit)	101	98.06	2	1.94	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	24(100.00)	0(0.00)	24(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	25(100.00)	0(0.00)	25(100.00)
<b>2013</b>	0(0.00)	0(0.00)	0(0.00)	29(100.00)	0(0.00)	29(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	21(100.00)	0(0.00)	21(100.00)
<b>2015</b>	0(0.00)	0(0.00)	0(0.00)	4(100.00)	0(0.00)	4(100.00)
<b>Total</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>0(0.00)</b>	<b>103(100.00)</b>	<b>0(0.00)</b>	<b>103(100.00)</b>

## **Conclusion:**

- There is a steep declining trend in the number of Institutional deliveries since 2011 with faster decline from 2013 till 2014-15. The supply of Madilu has not been in par with the number of Institutional deliveries in the past 5 years. In 2014-15 there was very less supply of Madilu kits due to out-of-stock.
- Mosquito curtain was not received by one quarter (25%) of the beneficiaries.
- Cloth for tying around abdomen (15%) and sanitary pads (15%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 32% of the respondents but none of them paid cash to receive the kit.
- Thick Covering sheet for mother (63%), Soap for the child (72%) and the Sweater+cap+socks (92%) supplied in the kit were found to be least useful.
- The overall usefulness of the Madilu scheme was rated “useful” by majority of the respondents.

## **Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Uttarakannada:**

### **ANKOLA**

### **BELSE**

Sweater+cap+socks were speculated as most useless by the beneficiaries as it becomes very small sized after a few months as the baby grows faster.

One participant said “*The sweaters are too small sized that by the time it reaches us it is too small for the baby*”

Another participant said *“it is better that the JSY money should be given directly instead of making us run around to the banks”*

### **SUPA**

#### **KUMBARWADA**

Some participants gave a useful suggestion that antiseptic lotions like Dettol can be included in the kit.

One participant said *“the coconut oil smells too bad and useless. It’s better to supply Dettol solution in the kit which will help us to wash the baby stuffs”*

One beneficiary said *“kindly give more baby soaps. The soaps which you give will come only for 1 month”*

She further added that walking barefoot causes more problems health wise and it would be useful to provide slippers for the mother.

#### **CASTLEROCK**

The respondents demanded a sweater to be supplied for the mother also.

The bedsheet supplied in the kit was thin and not resisting cold as quoted by a participant *“The bedsheet doesn’t protect me from cold it is thin like a cloth used for stitching clothes”*

The respondents mentioned that the kit bag used for holding the materials needs to be changed to a better quality one for domestic usage as it cannot be used for any other purpose other than holding the kit materials. One participant said *“the bag can be modified to a travel bag as we cannot afford to buy a travel bag or suitcase of that size”*

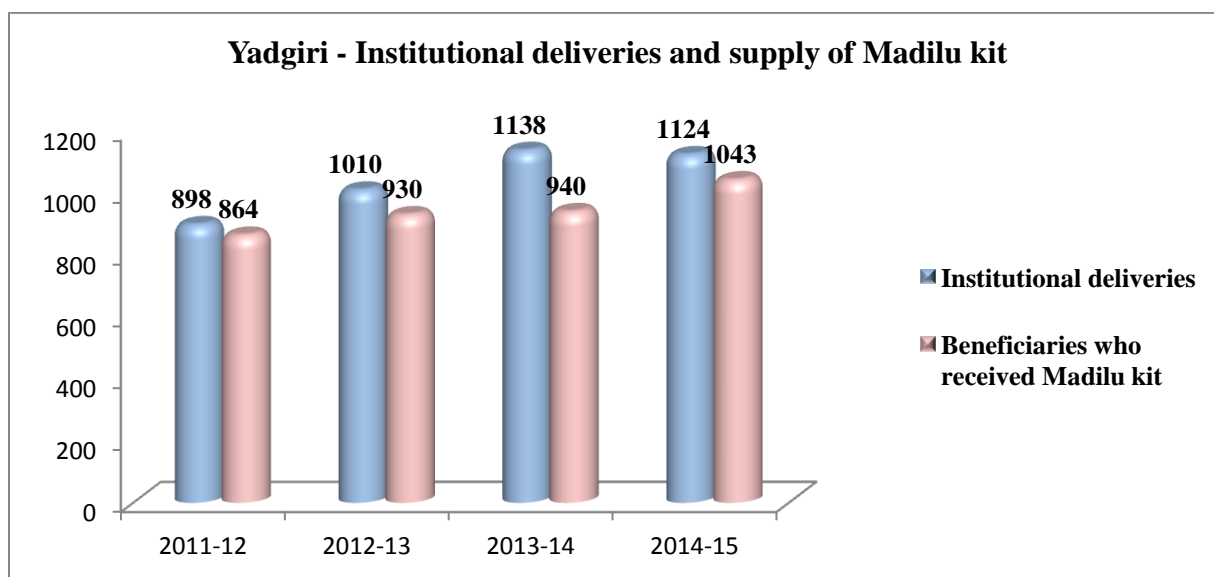
## YADGIRI DISTRICT

**Table 1: Health Infrastructure**

Number of Taluk hospitals/CHCs	5
Total number of Sub-district Hospitals	11
Total number of Primary Health Centres	42
Total number of sub-centres	169

**Table 2: Areas selected by sampling in the district**

Taluks	PHCs
Shahpur	Chatnalli (24x7)
Surapur	Tidibidi (24x7)
	Kembhavi (24x7)

**Graph 1: Year wise trend of the total number of Institutional deliveries and Madilu kit supply to beneficiaries in Yadgiri (Hospital Data)**



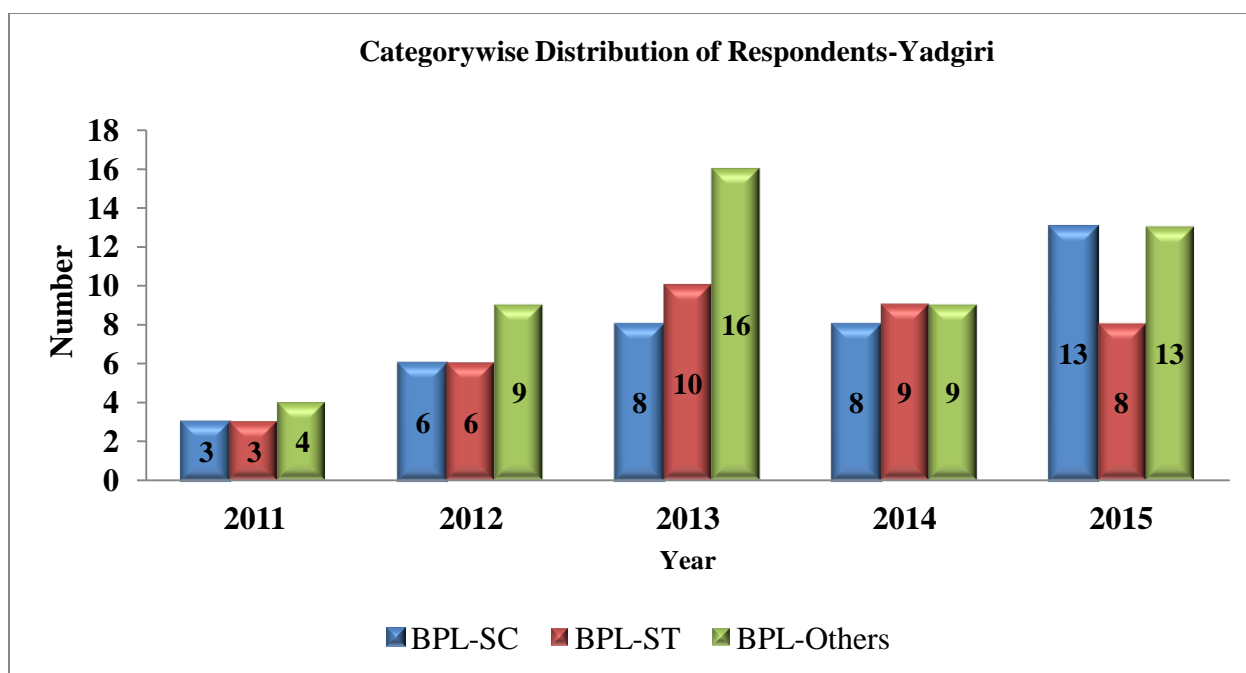
There is a gradual and slower rising trend in the number of Institutional deliveries since 2012 with significant increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.

### Respondent Characteristics:

**Table 3: Socio-demographic Characteristics of the interviewed beneficiaries**

Characteristics	BPL SC (%)	BPL ST (%)	BPL Others (%)	Total (%)
<b>Number of beneficiaries</b>	38	36	51	125
<b>Mean age <math>\pm</math> SD</b>	23.26 $\pm$ 2.17	22.64 $\pm$ 2.19	22.33 $\pm$ 2.16	22.70 $\pm$ 2.16
<b>Monthly income (mean)</b>	10947	11167	11686	11312
<b>Average family size</b>	5.21	5.22	4.88	5.08
<b>Education status</b>				
<b>Literate</b>	81.58	88.89	68.63	78.40
<b>Illiterate</b>	18.42	11.11	31.37	21.60
<b>Socio-economic status</b>				
<b>Class I</b>	1(2.6)	0.0	0.0	1(0.8)
<b>Class II</b>	9(23.7)	9(25.0)	24(47.1)	42(33.6)
<b>Class III</b>	26(68.4)	25(69.4)	26(51.0)	77(61.6)
<b>Class IV</b>	2(5.3)	2(5.6)	1(2.0)	5(4.0)
<b>Class V</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)
<b>No Information</b>	0(0.0)	0(0.0)	0(0.0)	0(0.0)

**Graph 2: Year wise and caste wise distribution of respondents in Yadgiri**



**Table 4: Items missing in the Madilu kit as per the respondents**

Item no.	Missing Items	Number of Beneficiaries	
		Frequency	%
1	Mosquito curtain (mother)	1	0.80

**Table 5: Respondent perception about the quality of each item in the Madilu kit**

Item.no	Madilu kit Items	Not Expected Size		Poor quality		Out of shape	
		N0.	%	N0.	%	N0.	%
4	Thick Covering sheet for mother	0	0.00	2	1.60	1	0.80
5	Soap –mother	0	0.00	20	16.00	1	0.80
6	Washing soap	0	0.00	14	11.20	0	0.00

**Table 6: Mode of delivery- Yadgiri respondents (n=125)**

Normal (Vaginal)	Caesarean	Instrumental	Total
125(100.00)	0(0.00)	0(0.00)	125(100)

\*Figures in ( ) indicate percentages

**Table 7: Time of receipt of Madilu kit and cash assistance by respondents**

Within 48 hrs (%)	48 hrs. & above (%)	Total
3(2.40)	122(97.60)	125(100)

**Table 8: Payment of money for receipt of Madilu kit by Yadgiri respondents**

Free (%)	On Payment (%)	Total (%)	Average Money Paid (Rs)
123(98.40)	2(1.60)	125(100)	88

**Table 9: Usefulness of each item of the kit as perceived by the beneficiaries**

Item no.	Items	Very Useful		Useful		Useless	
		N0.	%	N0.	%	N0	%
1	Mosquito curtain (mother)	116	93.55	8	6.45	0	0.00
2	Carpet (Medium size)	56	44.80	69	55.20	0	0.00
3	Bed Sheet (Medium)	48	38.40	77	61.60	0	0.00
4	Thick Covering sheet for mother	53	42.40	72	57.60	0	0.00
5	Soap –mother	17	13.60	108	86.40	0	0.00
6	Washing soap	16	12.80	109	87.20	0	0.00

7	Cloth for tying around stomach - mother	34	27.20	91	72.80	0	0.00
8	Sanitary pads (square cotton cloth with noose)	36	28.80	87	69.60	2	1.60
9	Comb and coconut oil - mother	56	44.80	69	55.20	0	0.00
10	Towel - mother	62	49.60	63	50.40	0	0.00
11	Tooth paste and brush - mother	52	41.60	73	58.40	0	0.00
12	Rubber sheet + bed sheet - child	53	42.40	72	57.60	0	0.00
13	Cover for child	48	38.40	77	61.60	0	0.00
14	Soap – child	43	34.40	82	65.60	0	0.00
15	Rubber sheet – child	40	32.00	85	68.00	0	0.00
16	Diaper - child	54	43.20	70	56.00	1	0.80
17	Baby shirt - child	62	49.60	63	50.40	0	0.00
18	Sweater + cap + socks	83	66.40	42	33.60	0	0.00
19	Plastic bag (kit)	84	67.20	41	32.80	0	0.00

**Table 10: Overall usefulness of the Madilu scheme as rated by the respondents**

Year	Useless	Less Useful	Neutral	Useful	Very useful	Total
<b>2011</b>	0(0.00)	0(0.00)	0(0.00)	10(100.00)	0(0.00)	10(100.00)
<b>2012</b>	0(0.00)	0(0.00)	0(0.00)	21(100.00)	0(0.00)	21(100.00)
<b>2013</b>	0(0.00)	2(5.88)	0(0.00)	27(79.41)	5(14.71)	34(100.00)
<b>2014</b>	0(0.00)	0(0.00)	0(0.00)	25(96.15)	1(3.85)	26(100.00)
<b>2015</b>	1(2.94)	0(0.00)	0(0.00)	30(88.24)	3(8.82)	34(100.00)
<b>Total</b>	<b>1(0.80)</b>	<b>2(1.60)</b>	<b>0(0.00)</b>	<b>113(90.40)</b>	<b>9(7.20)</b>	<b>125(100.00)</b>

**Conclusion:**

- There is a gradual and slower rising trend in the number of Institutional deliveries since 2012 with significant increase in 2014-15. The supply of Madilu has been in par with the number of Institutional deliveries in the past 5 years.
- Mosquito curtain was not received by only one (1%) of the beneficiaries.
- Washing soap (12%) and mother's soap (17%) were quoted as not of the expected quality by the respondents.
- The time of receipt of the kit was not prompt for 98% of the respondents and 2 of them paid cash (Rs.88/-on average) to receive the kit.
- The mosquito curtains (93.5%) and kit bag(67%) supplied in the kit were found to be most useful.
- The sanitary pads, soaps and cosmetics were found as products of less use by the beneficiaries.
- The overall usefulness of the Madilu scheme was rated "useful" by majority of the respondents.

**Theoretical Narrative and observations of the focus group discussions with the respondents and staffs of the hospitals in Yadgiri:****Shahpur**

The size of the baby Sweaters and socks provided in the kits was of a smaller size and not useful for the child as evident from the words of a female participant (2014-15) who said "*the sweater, cap and socks are too small that it is even difficult to make the child body enter into it*"

ANMs and ASHAS detailed that *“the beneficiaries who were referred from PHC for complicated deliveries were not provided kits because they were not eligible. They actually deserve it as we had only referred them to a private institution and they did not go on their own wish”*

### **Surapur**

One participant (2013-14) said *“the bed sheet and the sweater were very small-sized”*

She further added that *“provide slippers for the mothers instead of sanitary pad like cloths”*

Another participant (2013-14) made her point strong saying *“There is no use of the langoti provided for the baby. We need pampers which can soak and keep dry for a longer time”*

### District-wise negative scores and ranking

A negative scoring system devised based upon the deviations of the districts from the guidelines of the Madilu program, timeliness and completeness in issue of the Madilu kits and perceived satisfaction of the beneficiaries about the Madilu kit [Annexure 4]. Mandya was ranked as a district with excellent performance (Rank: 1, negative score=16), followed by Chamrajnagara (2, 26), Mysore (3, 52), Uttarkannada (4, 66) and Koppal (5, 70). The least performing district was Raichur (Rank: 30, negative score=429) preceded by Kolar (29, 420), Ramanagar (28, 380) and Bijapur (27, 360)[Table 1].

**Table 1: District-wise negative scores and rank**

District Name	Negative score*	Rank
Mandya	16	1
Chamarajanagara	26	2
Mysore	52	3
U.Kannada	66	4
Koppal	70	5
Kodagu	84	6
Gulbarga	85	7
D.Kannada	100	8
Bidar	134	9
Haveri	145	10
Yadgiri	147	11
Bagalkot	165	12
Hassan	180	13
Udupi	184	14
Chikkamagalur	186	15
Dharwad	198	16
Tumkur	214	17
Bangalore (R)	228	18

Shimoga	240	19
Bellary	276	20
Chikkaballapur	288	21
Chitradurga	300	22
Gadag	302	23
Belgaum	312	24
Davangere	335	25
Bangalore (U)	343	26
Bijapur	360	27
Ramanagar	380	28
Kolar	420	29
Raichur	429	30

\*The negative scores were standardized for 100 beneficiaries for all districts due to unequal distribution of beneficiaries in each district



## PHYSICAL EXAMINATION OF THE CONTENTS OF THE KIT

The Madilu kit containing the items was examined randomly in various study areas during the survey and the following observations were made about each item in the kit:



Fig: Examination of the Madilu kit by the Principal Investigator

### Contents of the Madilu Kit:

The Madilu kit is packed and sealed tight with a zipper lock to prevent pilferage locally. The beneficiaries deny the kit if the seal was found opened. Hence the kit reaches the beneficiaries with the items provided and the chances of the kit items going missing in transit from the manufacturing site to the beneficiaries is very difficult.

The items in the Madilu kit were counted, the size of each item measured and the quality was assessed by physical examination. Each kit contained the following items in the

Sl.no	Quantity	Items
1	0 (not found)	Mosquito curtain
2	1	Carpet (Medium size)
3	1	Bed Sheet (Medium)
4	1	Thick Covering sheet for mother
5	2	Soap –mother
6	4	Washing soap
7	1	Cloth for tying around stomach - mother
8	4	Sanitary pads (square cotton cloth with noose)

9	1	Comb and coconut oil - mother
10	2	Towel - mother
11	1	Tooth paste and brush - mother
12	1	Rubber sheet + bed sheet - child
13	1	Cover for child
14	2	Soap – child
15	1	Rubber sheet – child
16	7	Diaper - child
17	3	Baby shirt - child
18	1	Sweater + cap + socks
19	1	Plastic bag (kit)

**CARPET**

Size: 190 x 115 cms

Shape: Rectangular



**Observations:**

Carpet is of appropriate size and shape.

The quality of the carpet is good, durable and temperature resistant.

**Usefulness:**

The carpet can be useful for providing a warm floor.

## **BEDSHEET**

Size: 226 x 130 cms

Shape: Rectangular



### **Observations:**

Bedsheet is of appropriate size and shape.

The quality of the bedsheet is moderate, durable and has a doubtful texture for providing warmth i.e. it is thin and can cover one person from head to toe.

### **Usefulness:**

There was a feeling that the bedsheet was very thin and not enough sized to protect from cold among the beneficiaries. They demanded a little thicker version of the bedsheet.

### **BLANKET**

Size: 200 x 124 cms

Shape: Rectangular



### **Observations:**

Blanket is of appropriate size and shape.

The quality of the blanket is moderate, durable and has a doubtful texture for providing warmth i.e. it is thin and can cover one person from head to toe.

### **Usefulness:**

There was a feeling that the blanket was very thin and not enough sized to protect from cold among the beneficiaries. They demanded a little thicker version of the blanket.

### **SOAP FOR MOTHER (2)**

Number of soaps: 2

Shape: Rectangular



### Observations:

The soap contains Turmeric which is a natural antiseptic and cleansing agent.

The size and shape of the soap is in par with the regular bath soaps used in day to day life

The quality of the soap is good.

### Usefulness:

The soap for the mother is a cosmetic which is not an essential need in a Madilu kit. Further soaps are of different varieties and compositions which have scope for various choices from the beneficiary side. If people do not like turmeric, they might not use the soap. Hence its inclusion in the kit needs reconsideration.

Many speculations about this product were raised in the study. The soap was found to be faster dissolvable and not useable for a longer duration. People also felt they have various choices for cosmetics and soaps which are locally available and it cannot be provided in uniformity.

### WASHING SOAP (4)

Number of soaps: 4

Shape: Rectangular



### Observations:

The detergent soap which is daily procurement for household is not an essential need in a Madilu kit. Further detergent soaps are of different varieties and compositions which have scope for various choices from the beneficiary side. Hence its inclusion in the kit needs reconsideration.

### Usefulness:

Many speculations about this product were raised in the study. The detergent soap was faster dissolving and does not stand for a longer duration of usage. People felt they have various choices detergent soaps which are locally available for procurement and it cannot be provided in uniformity.

### CLOTH FOR TYING AROUND THE ABDOMEN

Size: 125 x 13 cms

Shape: Rectangular, with 4 tying chords



### Observations:

The abdominal band was a useful inclusion in the madilu kit. It is helpful during feeding the child.



**Usefulness:**

Beneficiaries found this product very useful.

**SANITARY PADS (4)**

Number of pads: 4

Size: 40 x 42 cms

Shape: Square with nots

**Observation:**

The sanitary pads are actually cloths which do not have fluid absorbable material for long time soak withstanding like the commercial sanitary pads available in shops.

There is dampness in the cloth while packing for unknown reasons which gives a musky odour and sometimes with whitish deposits on top of it.

**Usefulness:**

Most of the beneficiaries were dissatisfied with the sanitary cloth provided as it is as good as any cloth locally available in their houses. They wanted real soakable pads which can be procured locally from the shops nearby.

## COMB AND COCONUT OIL

Number: 1 comb and 1 Coconut oil bottle



### Observations

The oil in the kit was in solidified state most of the time. It is whitish wax coloured and has a bad odour as it is opened after a long time. The comb and coconut oil are again cosmetics which need reconsideration about inclusion in the Madilu kit.

### Usefulness:

Most of the beneficiaries felt that the coconut oil was a bad investment to be included in the Madilu kit. They felt that the quality of the oil was very poor.



## TOWEL FOR THE MOTHER (2)

Size: 115 x 55 cms

Shape: Rectangular



### Observations:

The towels are of smaller size and appropriate shape.

The quality of the towel is moderate, durable and has a doubtful texture for water absorbability i.e. it is very thin and made of spun cotton material.

### Usefulness:

There was a feeling among the beneficiaries that the towel was very small and thin. They demanded a little larger and thicker version of the towels with better water absorbability.

## TOOTH PASTE AND BRUSH



Number: 1 Tooth paste and 1 brush

## Observations:

The tooth brush and paste are materials for daily usage and one time provision of these materials in the kit may be of less usage. Further the brand of paste provided was not the preferred one by many beneficiaries.

## Usefulness:

Most of the beneficiaries were dissatisfied with the toothpaste provided as it was not in line with expected standards compared to many locally available brands.

## BED SHEET – CHILD

Size: 60 x 60 cms

Shape: square



## Observations:

The cloth is used for spreading as a covering over the rubber sheet.

The cloth is square shaped, a little smaller than expected for children above 3 months of age and is thinner compared to normally available bedspread linen.

## Usefulness:

The cloth is useful as a medium to avoid skin allergies to the baby due to direct skin contact with the rubber sheet. But it is very thin and gets wet rapidly. Hence its usage for this purpose is questionable.

The beneficiaries had neutral opinion about its inclusion in the Madilu kit. Many were using the cloth for purposes other than a bed spread over the rubber sheet.

### **COVER FOR THE CHILD**

Size: 72 x 45 cms

Shape: rectangular with a head cover at one corner



#### **Observations:**

The cloth is used for covering the child while feeding and providing warmth.

It is of appropriate size for the new born but as the child grows faster the cloth becomes insufficient to cover the entire body.

**Usefulness:**

The cloth is a useful inclusion in the Madilu kit. Beneficiaries also felt it as a useful product, but they needed a little bigger size to cover the child as the growth is faster within weeks.

**RUBBER SHEET**

Size: 60 x 60 cms

Shape: square

**Observations:**

The rubber sheet is small-sized

The quality of the sheet is poor compared to the commercially available sheets in the market. It is too small to prevent seepage of fluids to the sides.

**Usefulness:**

The rubber sheet is a useful inclusion in the Madilu kit provided it is of a larger size.

Beneficiaries felt it as a useful product but were remaining useless in their homes because of its smaller size and poor quality. Some beneficiaries also complained of a bad odour from the sheet when it is opened from the kit.

### **SOAP FOR THE BABY**

Number: 2 soaps

Shape: Rectangular



### **Observations:**

The baby soaps are of different varieties and compositions which have scope for various choices from the beneficiary side. Hence its inclusion in the kit needs reconsideration in terms of local preferences of soap brands.

### **Usefulness:**

The baby soap is an essential need and is a useful inclusion in the Madilu kit. Beneficiaries felt that more number of soaps can be added as the soaps get over very fast.

### **DIAPERS**

Number: 7 diapers

Shape: Triangular with tying knots



## **Observation:**

The diapers were wet, with whitish deposits on the surface and had a bad, musky odour. They were packed with high moisture content (not dried). The diapers were not soakable and easily wettable which is not comfortable for the child.

## **Usefulness:**

The pad for the baby, though a useful and essential requirement in the kit, becomes useless due to the poor quality, non-soakability, moisture content and discomfort to the child.

Beneficiaries felt that the clothes supplied as pads for babies were of no use and only the provision of commercially available soakable pampers with sponge layers to absorb fluid will be a better alternative.

## **BABY DRESS**

Size: 25 x 25 cms

Number: 3 dresses



## **Observations:**

As babies grow faster the dresses provided turn small sized sooner. But the inclusion of these dresses in the kit is welcome. The dress can be used as an inner wear to prevent the discomfort of wearing the sweater directly over the baby skin.

## **Usefulness:**

The beneficiaries felt that the dresses provided turn small sized sooner within 2 months and in some areas the Madilu kit is supplied late and the dress was already small sized for the baby at the time of receipt. But overall opinion was the dresses were useful.

## **SWEATER, CAP AND SOCKS**



Size: 80 X 20 cms

Number: one sweater with attached socks and cap



### **Observations:**

The sweater, cap and socks are woollen made and are good enough to withstand cold. The inclusion of sweater in the kit is useful.

### **Usefulness:**

Beneficiaries felt that the cap and socks are small sized and do not fit the babies properly. As the child grows faster, the cap and socks are small sized and become useless.

### **PLASTIC KIT BAG**

Size: 60 x 45 cms

Shape: Rectangular





## **Observations:**

The plastic bag is sized enough to fit all the materials of the kit. It is sealed with nylon at the zips to prevent pilferage. There is a display of list of items contained on the surface of the kit.

## **Usefulness:**

The bag is used for holding the materials. The bag cannot be used for any other purpose other than packing the materials.

Beneficiaries expected that the bag should be like a travel bag which can be used later for other domestic purposes.

**Penetration of the programme into the isolated tribal and remote villages**

The Madilu Scheme needs greater reach into the isolated and remote villages in habiting very poor people and/or primitive tribes who need to be covered under the programme first. Two tribal near tribal settlements located inside forests and away from taluk headquarters were selected in Chamarajanagar and Kollegal taluk of Chamarajanagar district, Virajpet taluk of Kodagu district, Joida and Ankola taluk of Uttar Kannada district, HD Kote taluk of Mysore district and Koppal and Sringeri taluk of Chickamagalur district. The evaluator visited these settlements and the following details were obtained:

(a) How many live births took place in the settlements in the period 2011-12 to 2014-15, and of them, (b) how many deliveries were covered by Madilu Programme?

**Table 1: Year-wise live births and Madilu beneficiaries in selected tribal areas:**

DISTRICT	TALUKS	Number of live births (a)				
		<i>2011-12</i>	<i>2012-13</i>	<i>2013-14</i>	<i>2014-15</i>	<i>Total</i>
Chamarajanagar	Chamarajanagar	4569	4290	4179	4432	17470
	Kollegal	5004	4612	4599	4396	18611
Kodagu	Virajpet	2374	3113	2960	2922	11369
UttarKannada	Joida	438	293	350	331	1412
	Ankola	345	301	128	69	843
Mysore	HDKote	4584	4239	3986	3842	16651
Chickamagalur	Koppal/	955	816	677	759	3207
	Sringeri	503	409	391`	448	1751

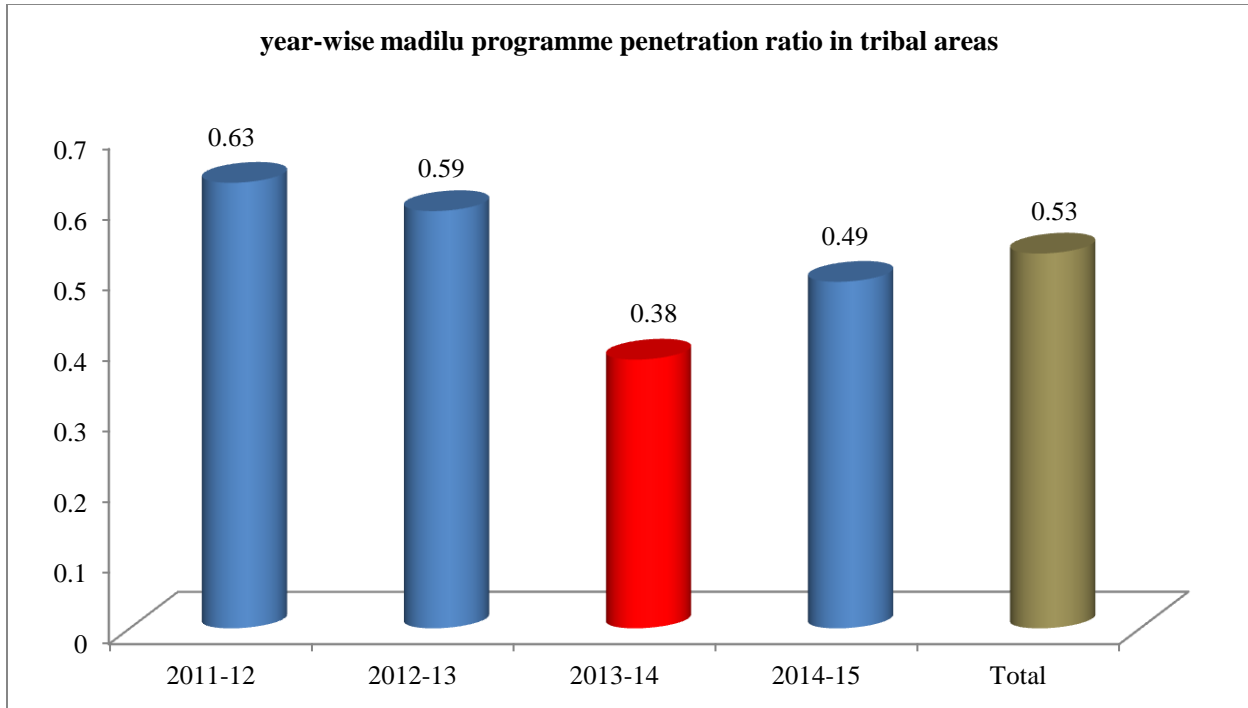
DISTRICT	TALUKS	Number of births received Madilu kit (b)				
		2011-12	2012-13	2013-14	2014-15	Total
Chamarajanagar	Chamarajanagar	4418	4041	2563	2069	13091
	Kollegal	2781	1972	1572	2276	8624
Kodagu	Virajpet	1222	1219	1229	1190	4860
UttarKannada	Joida	168	103	163	148	582
	Ankola	262	231	94	51	638
Mysore	HDKote	2297	2479	624	2242	7642
Chickamagalur	Koppal/	551	392	235	253	1431
	Sringeri	165	142	93	194	594

The ratio of Number of births received Madilu kit (b) to the number of live births (a) was used to check for the penetration of the programme into these tribal areas.

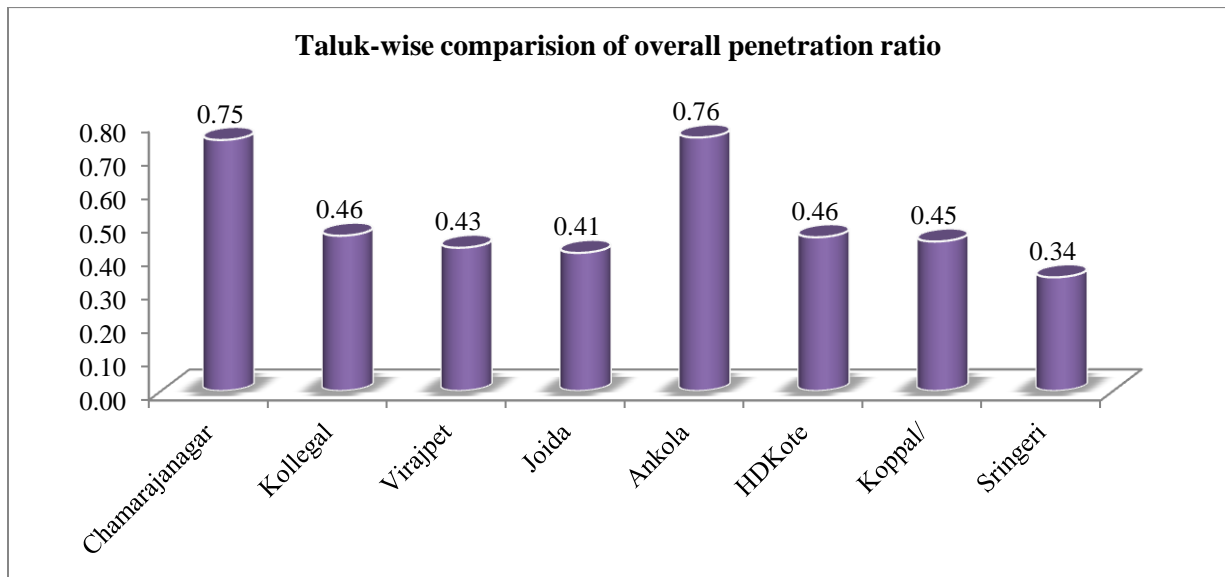
**Table 2: Selected tribal areas taluk-wise Penetration ratio (b/a)**

<b>Taluks</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>Total</b>
Chamarajanagar	0.97	0.94	0.61	0.47	0.75
Kollegal	0.56	0.43	0.34	0.52	0.46
Virajpet	0.51	0.39	0.42	0.41	0.43
Joida	0.38	0.35	0.47	0.45	0.41
Ankola	0.76	0.77	0.73	0.74	0.76
HDKote	0.50	0.58	0.16	0.58	0.46
Koppal/	0.58	0.48	0.35	0.33	0.45
Sringeri	0.33	0.35	0.24	0.43	0.34
<b>Overall Tribal areas ratio</b>	<b>0.63</b>	<b>0.59</b>	<b>0.38</b>	<b>0.49</b>	<b>0.53</b>

**Graph 1: Year-wise and overall penetration ratio in selected tribal areas:**



**Graph 2: Taluk-wise comparison of overall penetration ratio:**



The tribal areas have been covered by the Madilu programme with great success of 63% coverage at the start of the programme (2011-12) but showed decline after that till 2015 when

it was 49%. Tribal areas in Chamarajanagara and Uttar Kannada districts have shown marked achievements in programme penetration (97%) initially but later declined due to unknown reasons. Focus group discussions conducted in these areas revealed some administrative constraints in obtaining the kit like lack of supply and non-possession of required documents by the beneficiaries. But those incidents were not so common to ensure a decline of 63% to 49% over a period of 5 years. The major reasons for this decline in these tribal areas would be a lack of awareness about the programme among the beneficiaries and increasing proportion of migratory population who deliver elsewhere other than the PHC areas in their locality.

## Quality control mechanism of kit items

### ASSESSMENT OF QUALITY ASSURANCE PROCESS AT KARNATAKA HANDLOOM DEVELOPMENT CORPORATION (KHDC) AND KARNATAKA SOAPS AND DETERGENTS LIMITED (KSDL)

The Madilu kits comprise of 19 items of which 13 items are supplied from the Karnataka Handloom Development Corporation (KHDC) and 6 items are supplied from the Karnataka Soaps and Detergents Limited (KSDL).

#### **Karnataka Handloom Development Corporation (KHDC)**

(Priyadarshini Commercial Complex No.1, Tank road, Ulsoor, Bengaluru-560042)

A Government of Karnataka Undertaking

An ISO 9001: 2008 Certified for Silk Manufacturing)

The Karnataka Handloom Development Corporation was established in 1975 with the objective of improving the life status of thousands of weavers, especially in North Karnataka. KHDC has extended its boundary including 13000 handlooms.

The 13 items supplied by KHDC in the Madilu kit and unit cost are as follows:

Sl. no	Content of each kit	Qty.	Specification Length (cms) x width (cms)	Unit price Rs.
1.	Jhamkhana	1	201.8 x 117.6	196
2.	Checked-bedsheet	1	219.9 x 130.8	64
3.	Design bedsheet for mother	1	200.8 x 134.1	126
4.	Plain towel	2	124 x 58.7	44
5.	Printed bedsheet for baby	2	62.6 x 58.9	78
6.	Baby jabla	3	26.9 x 24.5	55
7.	Sanitary pad for mother	4	43.5 x 43.2	42



8.	Cotton diaper for baby	6	28.2 x 27.6	41
9.	Baby flannel sheet	1	70 x 53	40
10.	Mother abdominal belt	1	-	52
11.	Rubber sheet for baby	1	60 x 60	37
12.	Baby Sweater, cap and socks	1	12.7 x 23 cms	52
13.	Plastic bag or kit with zip	1	37.5 x 45 x 15	44
<b>Total</b>				<b>871</b>

**\*Mosquito curtains are not included as a part of the 13 items ordered to KHDL**

**Standard operating procedure:**

The program office, NHM, Bengaluru, as per guidelines drafted at the procurement committee meeting held under the chairmanship of Commissioner, HFW (12.08.2015), place order in writing to KHDC with clear terms of reference, specific and general terms and conditions for purchase of items.

The unit price and the mode of payment are clearly mentioned in the order sheet.

Some materials in the kit like the mosquito curtains (temporarily stopped supplies), Rubber sheets and plastic kit bags are supplied from the National Consumers Co-operative society (NCCS), a Central Government enterprise for procurement from private weavers located at Vasanth Nagar, Bengaluru. NCCS supplies 60% of the total tender to KHDC headquarters.

The linen items are supplied from various areas like Gadag, Ranibennur, and Gulbarga operated under KHDC which procures from government weavers and supplies 40% of the total tender to KHDC headquarters.

**Karnataka Soaps and Detergent Limited (KSDL)**

Bengaluru-Pune highway,

Rajaji Nagar, Bangalore-560005

The 6 items supplied by KSDL in the Madilu kit and unit cost are as follows:

Sl. no	Content of each kit	Qty.	Unit price Rs.	Total price Rs.
1.	Baby soap (75gm)	2	27.84	55.68
2.	Mysore sandal soap (75 gm)	2	29.40	58.80
3.	Mysore detergent cake (150 gm)	4	8.40	33.60
4.	Tooth paste with brush (50 gm)	1	12.60	12.60
5.	Baby powder (50 gm)	1	18.48	18.48
6.	Coconut oil (200 ml)	1	54.84	54.84
<b>Total</b>				<b>234</b>

The KSDL products like soaps and detergents are subject to random regular quality check both physically and chemically as per the quality assessment analytical protocols. The tooth paste is manufactured at Haridwar and procured by order. Palm oil for the soap production is imported from Malaysia and sandalwood from the forestry department, Mysore. The Coconut oil is procured by direct government tender to Kerala oil production unit and is quality checked for iodine and saponification values before processing. The soaps are designed for a one month usage for a normal adult who limits to one time usage per day. The coconut oil once manufactured and packed has a shelf-life of 12-18 month after which chanced of rancidity is possible.

- Quality Control mechanism

- The materials are manufactured and assembled within 15 working days from the placement of the order. The Managing director, KHDC, places the orders to NCCF and receives stocks. He also receives 6 items from KSDL on same procurement basis. The stock register is maintained at KHDC headquarters and random quality check is carried out by the managing director for each item.
- KHDC then transports the kits to District Health office as per the requirements insisted by the District Health Officer. Monthly once or twice there is a random quality assessment of the items carried out at the Zilla Panchayat office by the program officer.

### **Comments:**

- Mosquito curtains were never mentioned in the order sheet from NHM or not included as one among the 19 items.
- The unit cost per kit is Rs.1105/- (KHDC: Rs.871 + KSDL Rs. 234) which does not include mosquito net and tax.
- The transportation charge of Rs.8 per kit has to be managed by KSDL as per TOR.
- The KHDC & KSDL managements reported stagnation of stocks since January 2016 as the DHOs find no place to keep stocks in the district office. The FGDs with the beneficiaries in some districts had issues with quality of materials like coconut oil which they found with bad colour and odour. This was due to the long duration of stock stagnation which exceeded the shelf-life (12-18 months) of the manufactured coconut oil.

- The quality check mechanisms at the program implementation level at the district offices is just a quantitative check and the quality of items is not stringently assessed. The quality assessment is over at the KHDC level.

## Reflection and Conclusion

Madilu Scheme is a successful and beneficial scheme in terms of its reach to the deserved beneficiaries as per the program guidelines. The program has been an inspiration for improvement in institutional deliveries in most of the districts. There is a good awareness about the scheme among the pregnant women in all the districts. With an exception of a few districts, Madilu kit was supplied with all the 19 items mentioned to be included within the kit. Mosquito nets were not supplied in 17 districts which was a major concern for most of the interviewed beneficiaries. The delay in issue of the kits as well as the JSY/PSA money was encountered as a major complaint in 7 districts.

The contents of the kit most speculated were the baby sweaters+socks+cap, baby dresses and covering clothes which were felt small sized. The rubber sheets, baby diapers and linen provided in the kit needed a change to a better quality. The soaps, coconut oil and detergents were found to be under great speculations from the respondents as they were not a brand locally available for continuous usage. Some beneficiaries suggested inclusion of some items like slippers for the mothers, Dettol antiseptic lotions, soakable sanitary pads and a better kit bag which could be used for travel.

The program has penetrated isolated tribal villages like Beduguli in Chamrajnagar district and Balele, Virajpet Taluk in Kodagu district where the kits were provided on time with a good satisfaction from the beneficiaries. Majority of the respondents (73.4%) rated the Madilu program as “useful” (grade 4 on a 5 point Likert scale).

Among the districts Mandya was ranked first as a district for best performance of the Madilu scheme with very less deviations from the norms and Raichur was ranked last.

## Recommendations

- Efforts should be made to circulate awareness to the PHCs on the necessity to deliver Madilu kits to the deserved beneficiaries, especially in tribal areas, based on local judgement of the medical officer/panchayat officers without denial based on non-possession of documents like Adhar/BPL card.
- Segregation and separate pouch for the baby needs and mother needs has to be made as there arises a problem in issuing kits to twin deliveries.
- The cosmetic items for mothers in the kit like soaps, comb, detergents, which are speculated most about the quality by the beneficiaries, can be replaced with need-based items like slippers for the mothers and sanitizers or Dettol antiseptic solution.
- The sanitary pads for the mother and the diapers for the child supplied in the form of clothes can be replaced by soakable diapers which will keep the skin dry.
- The size of the sweaters, caps and socks provided for the baby should be increased or made expandable with elasticity or size-adjustable models.
- The mosquito nets should be provided to all beneficiaries irrespective of malaria/dengue endemicity and should be included within the kit.
- The size and quality of the linen provided in the kit needs improvement viz. more thicker and sized bigger.
- The rubber sheet in the kit needs improvement in quality and size.
- The Madilu kits should include educative materials regarding usage of diapers, handwashing techniques, Kangaroo mother care and breastfeeding practices.

## Appendices

### List of references cited in the report

1. Census 2011
2. Sample Registration System, NHM, MoHFW, Government Of India
3. District Level Health Survey-4, Ministry of Health and Family Welfare, Govt. of Karnataka
4. Annual report on the registration of births and deaths act, 1969

## TERMS OF REFERENCE (TOR) for the evaluation study

**1.1 SECTION-III****Evaluation of Madilu Programme of Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane, implemented by Health & Family Welfare Department of Government of Karnataka.****1. Title of the Study**

“Impact of *Madilu* Programme of *Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane* of institutional Deliveries in Government Hospitals and reduction of Maternal & Neonatal deaths in Karnataka”

**2. Background information**

When the National Rural Health Mission was launched during 2005-06 throughout the country, maternal and infant mortality rates were very high in most of the States, including Karnataka. In Karnataka, Maternal Mortality Rate (MMR) was about 228 per one lakh live births and Infant Mortality Rate (IMR) was 63 per thousand live births. A few of the main reasons for this high MMR and IMR at that time was, a high proportion of home deliveries (about 33%) occurring in Karnataka and health services for pregnant women and children not being available and accessible. It was found that there was lack of equitable distribution of health facilities and services too. Further then, Mother Child Health (MCH) data across the State was collected, and disaggregated data was analyzed, and it was found that, high out of pocket expenditure for delivery services was one of the main reasons for the Below Poverty Line (BPL), SC and ST pregnant women opting for home deliveries instead of institutional deliveries. It was also found out that the newly delivered mothers, in addition to incurring expenditure during delivery were required to incur appreciable expenditure for buy in essential items for themselves and their newborns, which they were not buying or buying as less as possible, as they could ill afford them.

The Government of Karnataka, to ensure reduction of home deliveries and to promote institutional deliveries, promoted various programmes to make MCH services available and accessible with the equitable distribution of health facilities and health services. Among the various demand generation schemes that are implemented by health department, “*Madilu*” programme is a very unique programme, which has the potential to drastically improve institutional deliveries, particularly amongst the BPL, SC and ST pregnant women. On 15<sup>th</sup> September 2007, the Government of Karnataka launched the “*Madilu*” programme through out the State, the main objectives of the said programme was to promote institutional deliveries amongst, BPL, SC and ST pregnant women and reduction of MMR and IMR of the State.



“*Madilu Kits*” are issued to BPL, SC and ST pregnant women who deliver in government hospitals and for first two live births after 48 hours’ stay in the Government hospitals, starting from PHC to Government Hospitals and Medical College Hospitals for normal deliveries and after 5 days’ of stay in cases of Cesarean Section deliveries along with other cash incentives like Janani Suraksha Yojana and Prasoothi Aaraike scheme, since 2007-08 under the programme.

The pre-condition of issuing Madilu Kit to BPL, SC and ST pregnant women for first two live births has been relaxed since the middle of 2014-

15 in High Priority Districts of Bidar, Kalaburgi, Yadgir, Koppal, Raichur, Bellary, Gadag, Vijayapura, Bagalkote and Chamarajanagar, and they are being issued to BPL, SC and ST pregnant women for all deliveries. Linen items of the Madilu Kit are procured from Karnataka Handloom Development Corporation (KHDC) and the soap and other items from Karnataka Soaps and Detergents Ltd (KSDL). Government of India bears 50% of the cost of Madilu kits under National Health Mission (NHM), and Karnataka Government bears the balance cost. The unit cost of each kit is Rs.1374/-. Till 2014-15, 2.39 Lakh beneficiaries have availed the benefit of *Madilu* Scheme.

Each “*Madilu Kit*” consists of the following 19 items:

SINo	Items	SINo	Items
1	Mosquito Net-1	11	Tooth paste with brush-1 each
2	Cotton Carpet-1	12	Bed sheet for the baby-1
3	Bed Sheet-1	13	Blanket for the baby-1
4	Cotton blanket for the mother-1	14	Baby Soaps-2
5	Bathing soap for the mother-2	15	Rubber sheet for the baby-1
6	Detergent soaps-4	16	Diapers for the baby-1 Packet
7	Abdomen tying cloth-1	17	‘ <i>Jubla</i> ’ for the baby-1
8	Sanitary Pads-1 Packet	18	Woolen Sweater, Cap & Socks for the baby-1 each
9	Comb with Coconut oil 200ml-1 each	19	A plastic bag to hold all the 18 items-1
10	Towel for the mother-1		

The year-wise district-wise details of Madilu Kits distributed to BPL, SC and ST mothers who have delivered in Government hospitals from 2007-08 to 2014-15 is provided in **Annexure-I**.

In the year 2011-

12 a sample survey check of the programme was done by the Department of Economics and Statistics (DES) wing of the Planning department of government of Karnataka. Its main findings are-

- a) 1% of beneficiaries selected were above poverty line.
- b) 13% beneficiaries were covered under *Madilu* without having the bonafide cards.
- c) 4.4% of the beneficiaries received less than the specified 19 items in of the kit.
- d) 29% beneficiaries received the Medical kit in time.
- e) There were cases where some money was charged for the kits.

### 3. Evaluation Scope, purpose and objectives

The Scope of the study is all the 30 districts of the State, where “*Madilu Kits*” are being distributed to BPL, SC and ST pregnant women who deliver in Government Hospitals, both in rural and urban areas, from the level of Primary Health Centres up to the level of Government and Medical College Hospitals.

The objectives of the study are:

- a. To know whether all the BPL, SC and ST pregnant women who deliver in Government Hospitals are receiving “*Madilu Kits*” as per the programme guidelines.
- b. To know whether “*Madilu*” programme has/is motivating BPL, SC and ST pregnant women to deliver in Government Health Institutions.
- c. To know whether the target population, like pregnant women and mothers as well as their family members are aware of *Madilu* Programme.
- d. Whether “*Madilu kits*” containing all 19 items are distributed to eligible pregnant women within the prescribed time after delivery.
- e. Whether implementation of *Madilu* Programme has led to appreciable increase of institutional deliveries and reduction of Maternal and infant deaths.
- f. Whether the items constituting the “*Madilu kit*” are useful and of good quality. Does the kit need any local/specific change?
- g. Has the programme reached the isolated and remote villages inhabiting very poor people and/or primitive tribes who need to be covered under the programme first?

The study should be conducted by appropriate research methods by tracer interviews of BPL, SC and ST pregnant women who are currently pregnant and mothers who have delivered in Government Health Institutions of the State during the last four financial years

.The reason for confining the study to previous four financial years is that (a) the yearly distribution of kits increased from 2008-09 to 2010-11 but after that has been falling, and, (b) we need to know as to how is the programme doing now and what needs to be done now to improve the programme further. The study should also focus on ASHA, ANMs, Staff Nurses and Doctors, to obtain their views, whether *Madilu* programme is motivating the eligible pregnant women to deliver in Government Hospitals.

#### 4. Evaluation Questions (inclusive not exhaustive)

1. Are the selection of beneficiaries under the programme correct i.e. whether Madilu kits were given only BPL mothers and that too in case of two live births (except in the case of the ten districts where exception has been made for no restriction on the number of live births after a particular date as detailed before)? What has been the district wise, year wise wrong selections and type of deviations which took place?
2. How many of the eligible BPL SC, BPL ST and BPL other than SC/ST mothers received Madilu Kits-
  - a) Later than 48 hours of delivery in case of normal deliveries later than 5 days' of hospital stay in cases of Cesarean Section deliveries.
  - b) Did not receive the kit at all.
  - c) Within the time prescribed in the programme (cases other than subcases 'a' and 'b' above).
3. How many of the BPL SC, BPL ST and BPL other than SC/ST mothers (irrespective of whether they were eligible or not and the time of distribution after delivery) received Madilu Kits after the payment of some money to any employee of the hospital or non-employee of the hospital (it may then be specified who)? What is the percentage incidence of such cases in each district in the evaluation period?
4. Did the Madilu Kits distributed (irrespective of whether the beneficiary was eligible or not, whether money was paid or not and the time of distribution after delivery) contain all the 19 items in correct quantity/number/size? What is the percentage incidence of incomplete distribution of Madilu kit in each district in the evaluation period?
5. Is there a pattern in the items of the kit that were missing or less/short in quantity/number/size? If there is indeed a pattern, it may be reported district wise.
6. What is the system of quality control of the items that comprise the Madilu kit at (a) Karnataka Handloom Development Corporation and the Karnataka Soaps and Detergents Limited level, and (b) Programme implementation department level? In case there is none or not a satisfactory one, what should be the systems of quality control at these levels?
7. What is the opinion of the beneficiaries regarding the quality and utility of items of Madilu Kits? Ba

sed upon the opinion what suggestions of changing the quantity or quality of some existing items of the kit, adding some items to the kit and deleting some items in the kit can be given? (Additions and deletions may be suggested districtwise).

8. What proportion of the Madilu beneficiaries received the benefit of *Prasoothi Araike* and *Janani Suraksha* schemes too? How many of them received the financial component through (a) Cash, and (b) Direct credit to their bank accounts?
9. What has been the institution wise Maternal and Infant deaths before (2007) after implementation (2014) of *Madilu* programme? In which districts has this worsened in the 2007-2014 period?
10. What could be the reasons for consistent increase in beneficiaries in the period 2007-08 to 2010-11 and the later continuous decline?
11. In the year 2014-15, where as there has been a consistent decline in the number of *Madilu* beneficiaries in all districts except for Bellary? What is the reason for Bellary being the exception?
12. What are the difficulties in issuing complete *Madilu* kit to beneficiaries in time expressed by the heads of hospitals? How can these be set right?
13. As per the guidelines of the *Madilu* cash assistance of Rs. 2000 is to be given under *Prasoothi Araike* (including *Janani Suraksha* scheme) to beneficiaries at the time of delivery for getting their nutritional requirement within 48 hours of the delivery. Has the cash assistance been provided within 48 hours of the delivery? If not, give reasons.
14. What is the actual use made of the financial benefit/incentive provided to the beneficiaries?
15. Has the programme penetrated the isolated and remote villages inhabiting very poor people and/or primitive tribes who need to be covered under the programme first?
16. What are the opinions and suggestions for improvement of the *Madilu* Programme given by beneficiaries, Staff Nurses and Doctors of Government and Medical College hospitals?
17. Based upon the instances of deviation from guidelines detailed in questions 2, 3 and 4 above as again to the total number of beneficiaries covered in the evaluation period i.e. 2011-12 to 2014-15, what is the ranking of—
  - a) PHC.
  - b) CHC.
  - c) Taluk Hospitals.
  - d) District Hospital.
  - e) Medical College Hospital.

in terms of proper/perfect implementation of “*Madilu*” programme in each district?

## 5. Sampling and Evaluation Methodology

Since it is important in the study to have a clear picture of how the programme is performing in each district of the state, the samples will be drawn randomly from the beneficiary population data at the state or district level; it may be available in district offices,

but not in an assortment and formal form. Data but will be available in the hospitals of the state, showing who all were given a “Madilu Kit”. With this constraint in data known, it becomes practical and feasible to draw samples of hospitals in the district, and then, from the population data of the beneficiaries of “Madilu” available in the hospitals sampled, to draw the samples of beneficiaries.

It is therefore decided to select for each district, the district hospital, two Taluk hospital or Community Health Centres (CHC) and three Primary Health Centres (PHC) as the hospitals sample. Where available, one Medical College Hospital is to be taken as a part of hospitals sample. All the PHCs selected will be in taluk other than the taluk in which the district headquarter is located. And, it will be imperative that one PHC will be such that it is located at the farthest/next to farthest distance from the taluk headquarters.

From this district hospital sample, beneficiary lists of SCBPL, STBPL and other case CLP mother who benefitted from the “Madilu” programme will be drawn in the form of three different lists, one corresponding to each category mentioned, for each year from 2011-12 to 2014-15 (four years for each district). From these lists, 20 beneficiary names may be selected at random in each category. The beneficiaries may be “traced” located and interviewed individually for evaluation of the programme. Once 10 beneficiaries are traced and interviewed in each category, the sample will be deemed to have been met with. In a nutshell, the sample will comprise of 10 beneficiaries each under SCBPL, STBPL and other case BPL category for every year from 2011-12 to 2014-15 in each district.

In order to answer question number 12 of evaluation question, the head of the hospital selected in the hospital sample will be personally interviewed, whereas for answering question number 15 of evaluation question, Focus Group Discussions can be done.

In order to find an indicative answer for question number 14, two tribal near tribal settlements located inside forests and away from taluk headquarters are to be selected in Chamarajanagar/Kollegal taluk of Chamarajanagar district, Virajpet taluk of Kodagu district, Joida/Ankolataluk of Uttara Kannada district, HDKote taluk of Mysore district and Koppal/Sringeri taluk of Chickamagalur district. The evaluator should visit these settlements and find out as to (a) how many live births took place in the settlements in the period 2011-12 to 2014-15, and of them, (b) how many deliveries were covered by “Madilu” programme.

The ratio as to a will give an indication of penetration of the programme amongst eligible but district/isolated located would be mothers.

Though not intended as an essential part of the study, but it would be welcomed if it could be done’ districts too may be ranked based upon their performance in “Madilu” implementation. It will be done on the basis

of negative scores allotted for each deviation mentioned in evaluation questions 1 to 4 above. For each deviation of each type, a negative score may be allotted to the district. The sum of all negative scores given to the district in the evaluation period will be the basis of ranking of the district. Obviously, but worthy of expressing is the fact that the district with lowest (negative) score will be first, the one having second lowest (negative) score will be second and so on and so forth.

## 6. Deliverables and Time Schedule

The Project Director (RCH), IPP Building, 1<sup>st</sup> Floor, Directorate of Health & Family Services will provide year wise district wise detail of the Madilu beneficiaries/IMR & MMR detail to the Evaluator. The Director (RCH) H & FW Department will issue necessary instruction to the Deputy Directors of the district and the concerned to operate and facilitate for collection of necessary data during the course of study. The Evaluator is to design formats for collecting information from Beneficiaries, Staff Nurses, Doctors and Family members of the Pregnant Women/mothers. FGDs to be held with all the stakeholders in the districts. It is expected to complete the study in 3 months' time excluding the time taken for approval. The evaluating agency is expected to adhere to the following timelines and deliverables.

The evaluating agency should adhere to the following timelines and deliverables:

- |                             |  |
|-----------------------------|--|
| a. Work plan submission:    | 15 days after signing the agreement            |
| b. Field Data Collection    | : 45 days from the date of work plan approval. |
| c. Draft reports submission | : 15 days from the field data collection       |
| d. Final reports submission | : 15 after draft reports submission            |
| e. Total duration           | : 3 months                                     |

## 7. Qualifications of the Consultants

The Consultant Evaluation Organization should have the evaluation team comprising of-

- a. Doctor expert with at least 10 years' experience in Health Research,
- b. Woman Social Scientist having experience in conducting studies related to health.
- c. Statistician and Research assistants (Mostly women).

And in such numbers that the study is completed in the prescribed time.

## 8. Selection of Consultant Agency for Evaluation

The selection of evaluation agency should be finalized as per provisions of KTPP Act and rules without compromising on the quality.

## 9. Qualities expected from the evaluation Report

The following are the points only inclusive and not exhaustive, which need to be mandatory followed in preparations of the evaluation report.

1. By the very look of the evaluation report it should be evident that the study is that of Health & Family Department of the Government of Karnataka, and Karnataka Evaluation Authority (KEA) which has been done by the Consultant. It should not intend to convey that the study was the initiative and work of the Consultant, merely financed by the Karnataka Evaluation Authority (KEA) and the Health and Family Welfare department of Karnataka.
2. Evaluation is a serious professional task and its presentation should exhibit it accordingly.
3. The Terms of Reference (ToR) of the study should form the first Appendix or Addenda of the report.
4. The results should first correspond to the ToR. In the results chapter, each question of the ToR should be answered, and if possible, put up in a match the pair's kind of table, or equivalent. It is only after all questions framed in the ToR that is answered, that results over and above these be detailed.
5. In the matter of recommendations, the number of recommendations is no measure of the quality of evaluation. Evaluation has to be done with a purpose to be practicable to implement the recommendations.

## 10. Cost and schedule of budget releases

Output based budget release will be as follows-

- a. The **first installment** of Consultation fee amounting to 30% of the total fee shall be payable as advance to the Consultant after the approval of the inception report, but only one execution of a bank guarantee of a scheduled nationalized bank valid for a period of at least 12 months from the date of issuance of advance.
- b. The **second installment** of Consultation fee amounting to 50% of the total fee shall be payable to the Consultant after the approval of the Draft report.
- c. The **third and final installment** of Consultation fee amounting to 20% of the total fee shall be payable to the Consultant after the receipt of the hard and soft copies of the final report in such format and number as prescribed in the agreement, along with all original documents containing primary and secondary data, processed data outputs, study report and soft copies of all literature used to the final report.

Taxes will be deducted from each payment as per rates in force. In addition, the evaluating agency/consultant is expected to pay service tax at their end.

### **11. Contact person for further details:**

a. Dr. H. C. Ramesh, Project Director (RCH) IPP Building, 1<sup>st</sup> Floor,  
Directorate of Health & Family Welfare Services Ananda Rao Circle

Bengaluru-560009. Ph No: 9449843005, e-mail: [pdrchkar@gmail.com](mailto:pdrchkar@gmail.com)

b. Dr. R. Narayana  
Deputy Director (Maternal Health)

Directorate of Health & Family Welfare Service

Ananda Rao Circle

Bengaluru-560009. Ph. No: 9449843274, e-mail: [ddcmkar@gmail.com](mailto:ddcmkar@gmail.com)

The entire process of evaluations shall be subject to and conform to the letter and spirit of the contents of the e\_government of Karnataka order no. PD/8/EVN(2)/2011 dated 11<sup>th</sup> July 2011 and orders made there under.

**The Terms of Reference were approved by the Technical Committee of KEA in its 18<sup>th</sup> Meeting held on 04<sup>th</sup> May 2015.**

**Sd/-**

Chief Evaluation Officer

Karnataka Evaluation Authority



## INCEPTION REPORT

### **“Impact of *Madilu* Programme of *Samagra Mathru Aarogya Palane (ThayiBhagya)* Yojane of institutional Deliveries in Government Hospitals and reduction of Maternal & Neo-natal deaths in Karnataka”**

#### **1. Introduction**

When the National Rural Health Mission was launched during 2005-06 throughout the country, maternal and infant mortality rates were very high in most of the States, including Karnataka. In Karnataka, Maternal Mortality Rate (MMR) was about 228 per one lakh live births and Infant Mortality Rate (IMR) was 63 per thousand live births. A few of the main reasons for this high MMR and IMR at that time was, a high proportion of home deliveries (about 33 %) occurring in Karnataka and health services for pregnant women and children not being available and accessible. It was found that there was lack of equitable distribution of health facilities and services too. Further the then, Mother Child Health (MCH) data across the State was collected, and disaggregated data was analyzed, and it was found that, high out of pocket expenditure for delivery services was one of the main reasons for the Below Poverty Line (BPL), SC and ST pregnant women opting for home deliveries instead of institutional deliveries. It was also found out that the newly delivered mothers, in addition to incurring expenditure during delivery were required to incur appreciable expenditure for buying essential items for themselves and their newborns, which they were not buying or buying as less as possible, as they could ill afford them.

The Government of Karnataka, to ensure reduction of home deliveries and to promote institutional deliveries, promoted various Programmes to make MCH services available and accessible with equitable distribution of health facilities and health services. Among the various demand generation schemes that are implemented by health department, “Madilu” programme is a very unique

programme, which has the potential to drastically improve institutional deliveries, particularly amongst the BPL, SC and ST pregnant women. On 15th September 2007, the Government of Karnataka launched the “Madilu” programme throughout the State, the main objectives of the said programme was to promote institutional deliveries amongst, BPL, SC and ST pregnant women and reduction of MMR and IMR of the State.

“Madilu Kits” are issued to BPL, SC and ST pregnant women who deliver in government hospitals and for first two live births after 48 hours’ stay in the Government hospitals, starting from PHC to Government Hospitals and Medical College Hospitals for normal deliveries and after 5 days’ of stay in cases of Cesarean Section deliveries along with other cash incentives like Janani Suraksha Yojane and Prasoothi Aaraike scheme, since 2007-08 under the programme. The pre-condition of issuing Madilu Kits to BPL, SC and ST pregnant women for first only two live births has been relaxed since the middle of 2014-15 in High Priority Districts of Bidar, Kalaburgi, Yadgir, Koppal, Raichur, Bellary, Gadag, Vijayapura, Bagalkote and Chamarajanagar, and they are being issued to BPL, SC and ST pregnant women for all deliveries. Linen items of the Madilu Kit are procured from Karnataka Handloom Development Corporation (KHDC) and the soap and other items from Karnataka Soaps and Detergents Ltd (KSDL). Government of India bears 50 % of the cost of Madilu kits under National Health Mission (NHM), and Karnataka Government bears the balance cost. The unit cost of each kit is Rs. 1374/-. Till 2014-15, 2.39 Lakh beneficiaries have availed the benefit of Madilu Scheme.

Each “*Madilu Kit*” consists of the following 19 items:

Sl.no	Quantity	Items
1	1	Mosquito curtain (mother)
2	1	Carpet (Medium size)
3	1	Bed Sheet (Medium)
4	1	Thick Covering sheet for mother
5	2	Soap –mother
6	4	Washing soap
7	1	Cloth for tying around stomach - mother
8	1	Sanitary pads (square cotton cloth with noose)
9	1	Comb and coconut oil - mother
10	1	Towel - mother
11	1	Tooth paste and brush - mother
12	1	Rubber sheet + bed sheet - child
13	1	Cover for child
14	2	Soap – child
15	1	Rubber sheet – child
16	1	Diaper - child
17	1	Baby shirt - child
18	1	Sweater + cap + socks
19	1	Plastic bag (kit)

## 2. Objectives of the study

- a. To know whether all the BPL, SC and ST pregnant women who deliver in Government Hospitals are receiving “*MadiluKits*” as per the programme guidelines.
- b. To know whether “*Madilu*” programme has/is motivating BPL, SC and ST pregnant women to deliver in Government Health Institutions.
- c. To know whether the target population, like pregnant women and mothers as well as their family members are aware of *Madilu* Programme.
- d. Whether “*Madilukits*” containing all 19 items are distributed to eligible pregnant women within the prescribed time after delivery.
- e. Whether implementation of *Madilu* Programme has led to appreciable

increase of institutional deliveries and reduction of Maternal and infant deaths.

- f. Whether the items constituting the “Madilukit” are useful and of good quality. Does the kit need any local/specific change?
- g. Has the programme reached the isolated and remote villages inhabiting very poor people and/or primitive tribes who need to be covered under the programme first?

### Scope of the study

- Covers 30 districts of the State.
- Includes samples from the level of Primary Health Centres up to the level of Government and Medical College Hospitals.
- Restricts to mothers who have delivered in Government Health Institutions of the State during the last four financial years
- Focuses on ASHA, ANMs, Staff Nurses and Doctors, to obtain their views.

### 3. Methodology:

In each district, the interviewers will approach the district hospitals and collect the list of PHCs and the population catered by the respective PHCs. Two Taluk hospitals/ CHCs/ 24\*7PHCs are selected randomly. Three PHCs are selected by systematic random sampling. (By listing the PHCs as per District PHC list and then calculating sampling interval  $k = \text{no. of PHCs}/3$ . Then every  $k^{\text{th}}$  PHC will be selected. The interviewer should then visit the corresponding selected PHCs and CHCs/Taluk hospitals During the visit to the PHC/CHC:

- A] The **hospital data form [Annexure 1]** should be filled.
- B] The interview with head of the hospital should be conducted
- C] Permission for conducting survey should be obtained
- D] Interviews with the ASHAs, ANMs and Staff nurses should be conducted.

E] The list of Madilu beneficiaries [3 lists (BPL ST SC OTHERS)] under each PHC/CHC should be obtained.

The interviewer should then incorporate the lists of beneficiaries [3 lists (BPL ST SC OTHERS)] obtained from each of the selected PHC/CHCs and arrange them in Alphabetical order and create three master lists [3 district lists (BPL ST SC OTHERS)] for the district.

From each of the 3 master lists, 20 beneficiaries will be chosen by systematic random sampling. Viz: calculating sampling interval  $k = \text{no. of beneficiaries in the master list} / 20$ . And every  $k^{\text{th}}$  beneficiary from the list will be selected.

Now the investigator should list down the number of randomly selected beneficiaries falling under each PHC/CHC and trace them by visiting each beneficiary and obtaining data by interviewing atleast 10 beneficiaries as per **Beneficiaries data collection form. [Annexure 2]**

The investigator should select some Co-operative, outspoken, ready to give consent for participation beneficiaries (10-20 in number) in each of the PHC/CHC areas for focus group discussions. So total of 20 FGDs will be conducted in each district (8-CHC/Taluk and 12-PHC) and the number of repeated FGDs in each area will be decided based on the **FGD protocol for**

**Beneficiaries. [Annexure 3]**

The investigator should select 2 beneficiaries, 2 ASHA workers, 2 ANMs, 2 Staff nurses, 2 Health workers in each of the PHC/CHC area and the Head of the hospital for In-depth interviews which should be done as per the In-depth interview protocol.

A scoring system to rank the performance of Madilu scheme district wise/hospital wise will be done using the **scoring system protocol.[Annexure 4]**

Two tribal/ near tribal settlements located inside forests and away from taluk headquarters will be selected in the following districts and included for sampling.

Chamarajanagar/Kollegal taluk of Chamarajanagar district,

Virajpettaluk of Kodagu district, Joida/Ankola taluk of Uttar Kannada district,

HD Kote taluk of Mysore district and Koppal/Sringeri taluk of Chickamagalur district.

(In the above mentioned districts, if the random selection does not include a tribal/ near tribal settlement area, two tribal areas will be selected from the existing list of tribal areas in the district far away from the taluk headquarters.)

#### 4. Deliverables and Time frame

The Project Director (RCH), IPP Building, 1st Floor, Directorate of Health & Family Services will provide year wise district wise details of the Madilu beneficiaries/IMR & MMR details to the Evaluator. The Director (RCH) H&FW Department will issue necessary instruction to the Deputy Directors of the district and others concerned to co-operate and facilitate for collection of necessary data during the course of study.

#### TIME FRAME FOR COMPLETION

Work Plan submission	Field data Collection	Draft Report submission	Final Repoert submission
15 Days	45 Days	15 Days	15 Days
3 Months			



EVALUATION MADILU PROGRAMME

	Beneficiaries underwent normal delivery																										
4	Total number of Beneficiaries underwent Caesarean delivery																										
5	Total number of Madilu beneficiaries received the benefits of Prasoothi Araike and JSY																										
	By Cash																										
	By Direct credit to bank accounts																										
6	Total number of Madilu beneficiaries received cash assistance of Rs. 2000 under Prasoothi Araike(including JSY) within 48 hours																										



## ANNEXURE 2

Questionnaire format for Beneficiaries**CONSENT FORM**

**Study Title:** Evaluation of Madilu Programme of Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane, implemented by Health & Family Welfare Department of Government of Karnataka.

**Head of Research:** Dr. Arun Daniel. J, MBBS, MD

- The study has been explained to me in a language that I comprehend. All the questions I had about the study have been answered. I understand what will happen during the interview and what is expected of me.
- I have been informed that it is my right to refuse to take part in the interview today and that if I choose to refuse I do not have to give a reason, and that it will not prejudice the care that I can expect to receive now, or in the future.
- I have been informed that anything I say during the interview today will remain completely confidential: my name will not be used nor any other information that could be used to identify me.
- I am aware that due to the nature of the interview topic, my Caste/Socioeconomic status may be revealed to the interviewer and research team.
- It has been explained that sometimes the Investigators find it helpful to use my own words when writing up the findings of this research. I understand that any use of my words would be completely anonymous (without my name). I have been told that I can decide whether I permit my words to be used in this way.

Circle response:

I agree to take part in the study:	Yes	No
I agree that my own words may be used anonymously in the report	Yes	No

**Signature of participant:**

NAME (in capital letters)	SIGNATURE OR THUMB PRINT	DATE OF SIGNATURE (in DD/MM/YYYY)

**If a thumb print is provided, signature of witness:**

NAME (in capital letters)	SIGNATURE	DATE OF SIGNATURE (in DD/MM/YYYY)

## General Information

1. Name of the district:
2. Name of the Health facility: PHC/CHC/TALUK hospital
3. Adhar card/ Voter id number:
4. House no:
5. Age:
6. Card in possession: BPL/ APL card no:
7. Caste: BPL-SC/ BPL-ST/ BPL-Others
8. Religion:
9. No. of members in the family:
10. Family income per month:
11. Occupation: a].....  
b] Type: i) professional/ ii) Semi-professional/ iii) Clerical, shop owner, farmer/iv) Skilled worker/ v) Semi-skilled worker/ vi) Unskilled worker/ vii) Unemployed
12. Education: 1].....  
2] a] profession of honours/ b] graduate/post graduate/ c] Intermediate/ post high school diploma  
d] High school certificate/ e] Middle school certificate/ f] Primary school certificate/ g] Illiterate
13. Socio-economic class:
14. Type of Delivery: Institutional/ Non-Institutional
15. Mode of Delivery: Vaginal/ Instrumental/ Caesarian/ Others
16. Birth Order (of last child birth): a]1<sup>st</sup> b] 2<sup>nd</sup> c] 3<sup>rd</sup> d] above 3<sup>rd</sup> , specify.....
17. Have you received the Madilu kit? | yes | no |

**If yes answer Questions 18-27, If no answer question 28 onwards**

**Receipt of the Madilu kit: Year of receipt: | 2011 | 2012 | 2013 | 2014 | 2015 |**

18. When the Madilu kit was handed-over to you?  
a] before delivery b] within 48 hours c] 48 hours to 5 days d] later than 5 days
19. Who handed over the Madilu kit to you?  
a] Doctor b] Staff nurse c] ANM d] ASHA worker e] Anganwadi worker f] Health Assistant g] Other staff of the hospital, specify..... h] Village Panchayat member i] others.....

20. How much money did you pay to purchase the Madilu kit? Specify Rs...../-

- a] free b] <Rs.50 c] Rs. 50-100 d] Rs 100-150 e] Rs. 150-200 f] Rs. 200-500 g] > Rs.500

**Content of the Madilu Kit:**

21. Please tick (✓) what all contents you found in the kit

Sl.no	✓	Items
1		Mosquito curtain (mother)
2		Carpet (Medium size)
3		Bed Sheet (Medium)
4		Thick Covering sheet for mother
5		Soap –mother
6		Washing soap
7		Cloth for tying around stomach - mother
8		Sanitary pads (square cotton cloth with noose)
9		Comb and coconut oil - mother
10		Towel - mother
11		Tooth paste and brush - mother
12		Rubber sheet + bed sheet - child
13		Cover for child
14		Soap – child
15		Rubber sheet – child
16		Diaper - child
17		Baby shirt - child
18		Sweater + cap + socks
19		Plastic bag (kit)

**If any one item in the above list was found missing, answer Question no:22. If ALL 19 items present go to question no 23.**

22. A] Missing Item 1..... B] Quantity missing? | 1 | 2 | 3 | 4 |  
 2..... Quantity missing? | 1 | 2 | 3 | 4 |  
 3..... Quantity missing? | 1 | 2 | 3 | 4 |  
 4..... Quantity missing? | 1 | 2 | 3 | 4 |  
 5..... Quantity missing? | 1 | 2 | 3 | 4 |

**{Fill only the item number and circle the quantity missing.**

**For example: Sanitary pad A] Missing item .....8.....B] Quantity missing | 1 | 2 | 3 | 4 }**

23. Was there any item in the kit which was not of the expected size? | Yes | No |

**If yes, answer sub- questions 23. A, B.If No, go to Question no. 24**

A. What was the item? ..... (just fill item number)

B. What was the size of the item compared to the expected size? | Big | Small | Medium |

24. Was there any item in the kit which was not of the expected shape? | Yes | No |

**If yes, answer sub- questions 24. A, B.If No, go to Question no. 25**

A. What was the item? ..... (just fill item number)

B. What was the shape of the item compared to the expected shape? | totally different |  
Small difference | Medium difference |

25. Was there any item in the kit which was not of the expected quality? | Yes | No |

**If yes, answer sub- questions 25. A, B. If No, go to Question no. 26**

A. What was the item? ..... (just fill item number)

B. What was the quality of the item compared to the expected quality? | very poor |  
acceptable | good |

26. Mention the usefulness of each item of the kit. Tick (✓) in the column.

Sl.no	Items	Utility		
		Very useful	useful	useless
1	Mosquito curtain (mother)			
2	Carpet (Medium size)			
3	Bed Sheet (Medium)			
4	Thick Covering sheet for mother			
5	Soap –mother			
6	Washing soap			
7	Cloth for tying around stomach - mother			
8	Sanitary pads (square cotton cloth with noose)			
9	Comb and coconut oil - mother			
10	Towel - mother			
11	Tooth paste and brush - mother			
12	Rubber sheet + bed sheet - child			
13	Cover for child			
14	Soap – child			
15	Rubber sheet – child			
16	Diaper - child			
17	Baby shirt - child			
18	Sweater + cap + socks			
19	Plastic bag (kit)			

27. Which item of the kit can be deleted and what would your suggestion for a suitable addition.

Tick (✓) in the column.

Sl.no	Items		
		Can be deleted (✓)	Can be Added
1	Mosquito curtain (mother)		
2	Carpet (Medium size)		
3	Bed Sheet (Medium)		
4	Thick Covering sheet for mother		
5	Soap –mother		
6	Washing soap		
7	Cloth for tying around stomach - mother		
8	Sanitary pads (square cotton cloth with noose)		
9	Comb and coconut oil - mother		
10	Towel - mother		
11	Tooth paste and brush - mother		
12	Rubber sheet + bed sheet - child		
13	Cover for child		
14	Soap – child		
15	Rubber sheet – child		
16	Diaper - child		
17	Baby shirt - child		
18	Sweater + cap + socks		
19	Plastic bag (kit)		

28. Did you have any problem before/ during/ after receiving the Madilu kit? | Yes | No |

**If yes, answer sub- questions 28. A, B. If No, go to Question no. 29**

A. What was the problem faced by you?

- i] Sufficient information on whom to approach for the kit was not given.
- ii] Problem with the record verification process
- iii] Not possessed a BPL card
- iv] No proper guidance from the health staff about the receipt of the kit/ its benefits
- v] Madilu kits were not available on the date of approach
- vi] Demand of money for issue of the kit
- vii] Improper condition/ Quality of the kit
- viii] other reasons, specify.....

B. What would be your suggestion for improvement of the Madilu kit issue system?

29. Did you receive any cash benefit under Prasoothi Arogya or Janani Suraksha Yojana?

| Yes | No |

**If yes, answer sub- questions 29. A, B, C. If No, answersub-Question 29.D**

A]When was it given to you?

a] before delivery b] within 48 hours c] 48 hours to 5 days d] later than 5 days

B] How much cash benefit did you receive? Rs. ....-/-

C] What was the mode of payment? |(a) Cash | (b) Direct credit to your bank account.|

D] What were the reasons for non-receipt of the cash benefit? .....

E] For what purpose did you use the financial benefit/incentive provided to you?

.....

30. A] How much would you rate the usefulness of Madilu scheme (kit) on a scale of 1-5?

1-useless 2- less useful 3- neutral 4- useful 5- very useful

## Focus Group Discussions- Protocol

---

### 1. Participants:

FGDs involving community members will be stratified into different target groups who may have different responses to the topics of interest and who may be more likely to discuss topics openly together than if groups were mixed. FGDs involving community participants/Madilu beneficiaries will include equal number of present beneficiaries (2014-15) and past beneficiaries (2011-14). BPL SC, ST AND Others category lists will also be used to select beneficiaries according to the group. In Each PHC/CHC/Taluk hospital area **7 FGDs** will be conducted viz: 6 for beneficiaries and 1 among health workers (ASHAs and ANMS).

BPL SC		BPL ST		BPL Others		Health workers
2011-2014	2014-15	2011-2014	2014-15	2011-2014	2014-15	ASHAs/ANMs

Total Number of FGDs per district= **20**

[3 PHCs= 4×3= 12

2 CHCs= 4×2= 8]

### 2. Recruitment of Participants to FGDS:

- The investigators will visit the villages and hold a meeting with the village heads and take their consent.
- One of the field investigators will be responsible for approaching the village people and talking about the study with them, and the other will be responsible for recording the relevant details on the Recruitment Log [**Annexure A**].
- Introductory script should be used:

#### **Script for inviting potential participants to FGDs**

*“Hello. My name is.... and I work for the HKCAL organization on a project connected to Madilu Evaluation. We are conducting a study about people’s perceptions Madilu Scheme and its benefits. We would like to know more about how they feel about this. To do this, we want to organise some group discussions with people to ask them questions about Madilu program, as well as their experiences which would help gaining suggestions for future improvement. Is this something you might be interested in? Can we tell you more about the group discussions now?”*

## EVALUATION MADILU PROGRAMME

- The introductions and discussions about the study, as well as the consent procedures, should be conducted in Kannada unless the potential participant wishes to converse in English or a local language.
- Those participants who are not willing to participate in due course or found away from contact (not-reachable) shall be marked in the recruitment log with a cross.

### **3. Information to the participants and Obtaining consent:**

- The participants who are interested to participate in the study and entered in the recruitment log will be allowed to clarify their doubts regarding the study. They will be provided with a **Participant information sheet[Annexure B]** which will be available in the local language for them to read through or the investigator can read it out for him slowly and make necessary clarifications.
- If the participant, after seeking information, is willing to consent to participate in the study they will be asked to circle the correct response next to each statement and to record their signature, printed name and the date in the appropriate area of the **consent form[Annexure C]**.
- If the person is not able to write their name or signature, the field investigator should complete their details in the form and ask them to give a thumb print in place of a signature. If they cannot do this, they should ask a witness to sign on their behalf in the appropriate place.

### **4. Planning and spacing the focus group discussions:**

- As the participants enrol themselves with consent, their names should be entered in the **FGD Planner Log[Annexure D]** and appropriate date and venue suitable for them should be allocated.
- A minimum of 10 participants should be allocated for each FGD session.
- FGDs should not be planned too crowded i.e. on subsequent days and local festivals and holidays should be taken into account.
- The venue for conducting FGDs can be planned in concordance with village heads. Anganwadi/ PHC campus can be assigned as venue. Sufficient arrangements like a temporary cresche should be made by the investigators for young children accompanying the participants.
- Transport can be arranged for participants travelling long distances or travel reimbursement shall be paid.
- Refreshments should be arranged for the day of the FGD.



### **5. Conducting the FGD:**

- On the day of FGD, the investigators should arrive at least one hour before the scheduled time to begin to organize the venue and ensure that the place is clean and appropriate for the function.
- Seats for all participants should be organized to ensure that everyone is comfortable and visible to the moderator, and to all the other participants.
- All materials should be in place ready for use i.e. pens, paper, name tags, batteries etc.
- The digital recorder should be re-tested to ensure that it is working, and should then be placed in a central place during the discussion to maximize the quality of the recording.
- There should be a moderator and a note-taker in the investigation team.
- The moderator would conduct the FGD as per the **FGD topic guide**[AnnexureE].
- The note-taker shall enter the record demographic details of each participant on the **enrolment form**[AnnexureF] as each participant arrives, seating and numbering them clockwise from the note-taker's seat.
- As the FGD is going on the proceedings including the emotions and dialogues shall be recorded by the note-taker on the **note-taker form**[Annexure G].

### **6. Transcription:**

- The transcription should be done verbatim (every word captured exactly); all hesitations (umms, mmms, errrs), repetitions and incomplete sentences should be marked.
- Each new speaker should begin on a new line with their participant number (or 'moderator') at the beginning.
- Non-verbal occurrences including pauses (labelled short or long), laughter, exclamations or sounds of surprise, shock, disagreement, agreement should be marked in square brackets, eg [gasp of surprise] or [whole group laughs]. Any external interruptions should also be recorded in square brackets eg [telephone rings].
- Interruptions by another member of the group should be indicated with a '---' at the point of interruption in the interruptee's speech and the beginning of the interrupter's speech. The interrupter's speech should begin with a lower case letter and be indented into the page. For example:

Participant 4: I find the thought of supplying tooth paste in the kit is a waste and I'd prefer ---

Participant 6: --- I don't agree with that, it was useful for me.

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- Where more than one person is talking at once, the overlapping parts of speech should be contained within <<...>>. For example

Participant 3: It's when you go to the hospital and take the kit <<again to her, when you just want to say 'I am not from this village,>> that they ask for the money

Participant 1: <<absolutely, it's so annoying>>

- Any relevant annotations or observations from the note-taker's form or contact summary form should be included in the appropriate place in the transcript within {...}. For example:

{Participants 4 and 5 look at each other and raise their eyebrows in an amused way}

- If there are any words or sentences that are not clear or are inaudible, the transcriber should suggest what they think it is in italics followed by a '?', and surrounded by ~...~, or write the word 'inaudible' in italics and surrounded by ~...~ if necessary. For example:

Participant 9: That's never happened to me, I don't think I'd worry too much if the ANM ~ took money? ~.

- If a comment cannot be attributed to a particular participant or group of participants, it should be labelled UNKNOWN, and where appropriate an estimate of the number of voices should be given, eg UNKNOWN (3 voices)

### 7. Translation

- The translation should be done from the local language into English for short paragraphs of 4-5 lines frequency.
- Translation should be based on the reflected meaning of the transcript rather than word to word literal translation.
- The translated transcripts shall be cross verified by another investigator and the meaning derived out of it is matched with the actual conveyed meaning.
- Translated transcriptions will be saved as new Word files, and labelled with the FGD ID followed by the language that the transcript was translated into (usually English) e.g. 'F101 E English'

### 8. Data Coding and Analysis:

- The translated scripts shall be coded using common ideas from the document by developing nodes and linking them into 'parent nodes.'
- The initial coding frame developed shall be used for further analysis of the transcripts and congruent/ contrasting ideas will be identified and documented.

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- The fully coded project should be explored for theoretical constructs by the data analyst in conjunction with the research team. This will include the running of queries, looking at any differences in the concepts emerging according to sub-groups, and different characteristics of participants.
- The data analyst should then develop a narrative bridging the original research concerns with the participants' subjective experiences. The aim of the theoretical narrative will be to retell the participants' stories in terms of the theoretical constructs.
- The findings should be related to wider theory and literature in the topic of interest, documented in the literature review section of the protocol.
- This will involve relating the findings to the original conceptual framework, which may be adjusted or replaced by a new framework based on the evidence from the study.

EVALUATION MADILU PROGRAMME

Appendix A. Example recruitment log for FGDs

Sl. No	Participant Name	M/F	Date Approached	Successful contact?	Eligibility for sub-group				Interested?	Con sent?	FGD arranged (date)	Contact No.	Location
					BPL SC	BPL ST	BPL Others	Health worker					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

## Appendix B. Example Information Sheet

**INFORMATION SHEET****Introduction**

XXXX and colleagues from XXXX are conducting a study to evaluate activities that have been undertaken at government-run health facilities to improve Institutional deliveries in this area. We are interested in learning about the delivery of Madilu scheme services in this area and how attempts to improve services are working in practice from the perspective of implementers, health workers, beneficiaries, and local and district stakeholders.

**Why is this study being done?**

We would like to know more about how activities to improve Madilu scheme which has been implemented in this area. To do this, we are asking selected implementers, health workers, beneficiaries, and local and district stakeholders questions about their perspective on the implementation and effects of this intervention. This information will help us understand how and why activities under the scheme have affected the occurrence of Institutional deliveries in this area.

**What will happen today if I take part in this study?**

Today, we would like to ask you some questions about your perspective on the implementation and effects of intervention activities. We will take notes of the discussion and a recording will also be made using a digital voice recorder. After we ask these questions today, we will not ask you to do anything further. All information gathered will be treated as confidential by the study personnel, and records of the interviews will be kept securely in locked filing cabinets and offices. No personal identification information such as names will be used in any reports arising out of this research **How long will the study last?**

Today, the interview will last about 60-90 minutes, however the total duration of the study will be about 3 months.

**Can I stop being in the study?**

You can decide to stop participating at any time. Just tell the project investigator right away if you wish to quit the Discussion.

**What risks can I expect from being in the study?**

Information you provide about your experiences and opinions will be recorded, but your name will not be used in any reports of the information provided. No quotes or other results arising from your participation in this study will be included in any reports, even anonymously, without your agreement. The information obtained from these interviews will only be used by the project researchers and will be locked at our project offices. We will do our best to make sure that the personal information gathered for this survey is kept private.

**Are there benefits to taking part in the study?**

There will be no direct benefit to you from participating in this study. However, the

information that you provide will help researchers and policy-makers understand how best to improve health services in this area, especially in providing Madilu kits to mothers.

### **What other choices do I have if I do not take part in this study?**

You are free to choose not to participate in the study. If you decide not to take part in this study, there will be no penalty to you.

### **What are the costs of taking part in this study? Will I be paid for taking part in this study?**

There are no costs to you for taking part in this study. You will not be paid for taking part in this study.

### **What are my rights if I take part in this survey?**

Taking part in this study is your choice. You may choose either to take part or not to take part in the survey. If you decide to take part in this study, you may change your mind at any time. No matter what decision you take, there will be no penalty to you in any way.

### **Who can answer my questions about the study?**

You can talk to the researchers about any questions or concerns you have about this survey. Contact XXXX or other members XXXXX on telephone number XXX. If you have any questions, comments or concerns about taking part in this study, first talk to the investigators. If for any reason you do not wish to do this, or you still have concerns about doing so, you may contact HCKAL office at telephone number XXXX.

### **Giving consent to participate in the study**

You may keep this information sheet if you wish. Participation in this survey is voluntary. You have the right to decline to participate in the study, or to withdraw from it at any point without penalty. If you do not wish to participate in the study, you should inform the investigator now. If you do wish to participate in this survey, you should tell the investigator now, or at the time of the interview if this is to take place in the future. If you do not agree to quotes or other results arising from your participation in the study being included, even anonymously, in any reports about the study, please tell the researcher now.

**Appendix C. Example Consent Form**

**CONSENT FORM**

**Study Title:** Evaluation of Madilu Programme of Samagra Mathru Aarogya Palane (Thayi Bhagya) Yojane, implemented by Health & Family Welfare Department of Govt. of Karnataka.

**Head of Research:** Dr. Arun Daniel. J, MBBS, MD

- The study has been explained to me in a language that I comprehend. All the questions I had about the study have been answered. I understand what will happen during the interview and what is expected of me.
- I have been informed that it is my right to refuse to take part in the interview today and that if I choose to refuse I do not have to give a reason, and that it will not prejudice the care that I can expect to receive now, or in the future.
- I have been informed that anything I say during the interview today will remain completely confidential: my name will not be used nor any other information that could be used to identify me.
- I am aware that due to the nature of the interview topic, my Caste/Socioeconomic status may be revealed to the interviewer and research team.
- It has been explained that sometimes the Investigators find it helpful to use my own words when writing up the findings of this research. I understand that any use of my words would be completely anonymous (without my name). I have been told that I can decide whether I permit my words to be used in this way.

Circle response:

I agree to take part in the study:	Yes	No
I agree that my own words may be used anonymously in the report	Yes	No

**Signature of participant:**

NAME (in capital letters)	SIGNATURE OR THUMB PRINT	DATE OF SIGNATURE (in DD/MM/YYYY)

**If a thumb print is provided, signature of witness:**

NAME (in capital letters)	SIGNATURE	DATE OF SIGNATURE (in DD/MM/YYYY)

Tick box if participant refuses to have witness present

**Signature of study staff taking consent:**

I have discussed the study with the respondent named above, in a language he/she can comprehend. I believe he/she has understood my explanation and agrees to take part in the interview.

NAME (in capital letters)	SIGNATURE	DATE OF SIGNATURE (in DD/MM/YYYY)

Appendix D. FGD Planner Log

FGD no	Sl.no	Date	Time	Venue	Subgroup	Name of the participant
1.	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
2.	1					
	2					
	3					
	4					
	5					
	6					
	7..					



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Appendix E. Example FGD Enrolment Form

FGD IDNO:  _ _ _ _       Facilitator Initials:  _ _ _ _       Note-taker Initials:  _ _ _ _  Participant detail: ( <i>circle</i> ): Mothers/ community leaders /general public    Audio file:  _ _ _ _  Community number:  _ _ _       Date  _ _ _ _ / _ _ _ _ / _ _ _ _							
ID	First name	Age	Subgroup	Madilu kits received during (year)	Contained all 19 items? Y/N	Nearest Health facility? PHC/CHC	Signature/Thumb Impression
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**Appendix F. Example F**

**FGD Note taker form**

**FGD IDNO:** |\_|\_|\_|\_| **Facilitator Initials:** |\_|\_|\_| **Note-taker Initials:** |\_|\_|\_|

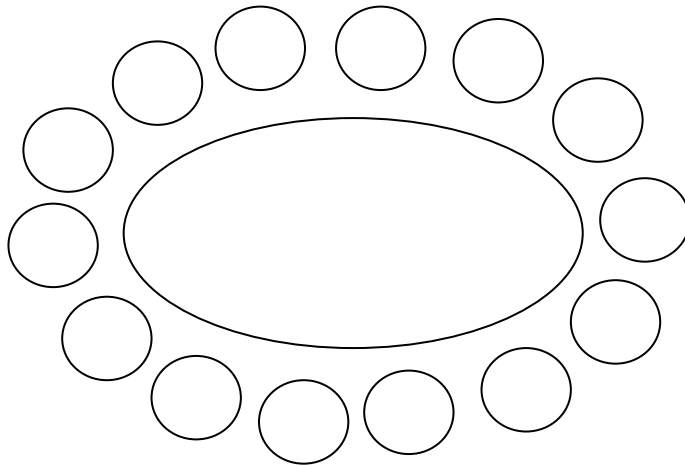
**Participant sub-group:** (circle): Mothers /Community leaders/General public **Audio:** |\_|\_|\_|

**Community number:** |\_|\_| **Date:** |\_|\_|/|\_|\_|/|\_|\_| **Time start** \_\_\_:\_\_\_ **end** \_\_\_:\_\_\_

Meeting place description: *detail and description, e.g. size and accessibility, and how this could affect the discussion; interruptions during the discussion*

Participants: *how many of those invited participated, description of demographics if not formally collecting this data*

Seating diagram:



Group dynamics: *general description – level of participation, dominant and passive participants, interest level, boredom, anxiety – and how these relate to the different topics discussed*

Impressions and observations:

Running notes (detailed notes following the discussion, as near verbatim as possible, including identification of all contributors):

# EVALUATION MADILU PROGRAMME

## Appendix G. Example FGD Topic Guide

FGD IDNO  __ __ __ __  Facilitator Initials  __ __ __  Note-taker Initials  __ __ __	
Participant sub-group: ( <i>circle</i> ): Mothers/ community leaders / General public Audio file:  __ __ __	
Community number:  __ __  Date  __ __ / __ __ / __ __	
<b>Introduction</b>	
I am _____ from _____ (Facilitator)	
I am _____ from _____ (note-taker)	
<ul style="list-style-type: none"> <li>✓ Ask group to introduce themselves using first names</li> <li>✓ Capture demographic details – using first name for discussion</li> <li>✓ Explain general purpose of the study:               <ul style="list-style-type: none"> <li>• <i>For FGD</i>: To understand the experiences of participants with Madilu kits.</li> <li>• <i>For overall study</i>: To see if there is any way for us to improve the quality of service delivery.</li> </ul> </li> <li>✓ Aims of the discussion and expected duration (1 hour)</li> <li>✓ Who is involved in the process (other participants)</li> <li>✓ Why the participants' cooperation is important</li> <li>✓ What will happen with the collected information and how the participant/target group will benefit</li> <li>✓ Ask group to define their own ground rules, for example:               <ul style="list-style-type: none"> <li>• Only one person talks at a time.</li> <li>• It is important for us to hear everyone's ideas and opinions. There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.</li> <li>• It is important for us to hear all sides of an issue – the positive and the negative.</li> <li>• Confidentiality is assured. "What is shared in the room stays in the room."</li> </ul> </li> <li>✓ Any questions?</li> <li>✓ Check position and functioning of tape recorder</li> <li>✓ Check for everyone's consent to participate and be recorded</li> <li>✓ Refreshments will be served after the discussion</li> </ul>	
<b>Now I am going to introduce some topics one at a time about your experiences with obtaining and using Madilu kits and its usefulness and I hope you can discuss them together.</b>	
<b>Domain</b>	<b>Topic and Probes</b>
Selection criteria for Madilu kit supply	Can we talk about who all can receive a Madilu kit? Probe: Is it given for all mothers for all births? What records do you need to provide to obtain the Madilu kit? Probe: Can you relate any recent experiences among you when went to the health facility to obtain a Madilu kit what documents were you asked to show?
Obtaining the Madilu kits	Who handed over the kit to you? What was his/her conversation with you while giving it to you? Probe: Did the kit reach your home or some health worker gave it to you? Can you narrate the experience how you obtained the kit? Was there a minimum charge collected to procure the kit? Probe: Do you know the cost of one Madilu kit? Do you think it is a fair deal to obtain the kit paying less money? How much can be paid?
Quality of the kits	Do you know how many items are there in a Madilu kit?

## EVALUATION MADILU PROGRAMME

	<p>Probe: Can you list the items in the kit which you received? Which one among the items was of good quality and which was of poor quality? Probe: Which one among the items do you think was best suited for your needs and was it durable? Among the items listed, Was there any item which went missing for more than two people in this group? Probe: Did you ask the provider why that item was missing? What was their answer? Do you feel any item was smaller sized than usual or lesser in number or differently shaped? Probe: Do you feel that the same item in an outside shop would be of much bigger size/ differently shaped and better quality? What was the difference?</p>
Usage of the kits and cash benefit	<p>Which one was the most useful among the items in the kit? Which one did you feel was irrelevantly included in the kit? Probe: <b>To list the top 3 items they think most useful in the madilu kit from health perspective</b> <b>Do you use the kit during their stay in the hospital?</b> <b>Probe : list the items from the Madilu Kit which you use during the stay in Hospital?</b> <b>Did you the use mosquito net and kit contents after your discharge at home also?</b> <b>Probe : Are there more mosquitoes in your area?</b> <b>What time of the day you intend to use(Morning ? Evening ? or night?)</b> <b>Did you &amp; your kids find protected from mosquito bites?</b> <b>If Not Protected, what are the reasons?</b> <b>Were you using the mosquito net before also at home?</b> <b>Probe: what was the cost of the mosquito net which you were using before obtaining the Madilu kit?</b> Did you receive money under other schemes during the time of supply of Madilu kits? Can you enlist how and when you got them? Probe: When was the money supplied to you? Was it before or after the child birth? If after the child birth, within how many days did you receive the kit? The money? Was it given at the right time so that it helped you? How and where did you use the money?</p>
Suggestions for improvement	<p>What all can we do to improve the quality of items in the kit? Probe: What shall we do about the useless item in the kit? Can we change it? What do you suggest will be good in place of that item? What can we do to improve the service delivery? Probe: Can we suggest a different modality of delivery of Madilu kits? Who do you think will be the right person to deliver the kits to you? Where can the kits be delivered? What can we do if you are not satisfied with the kit items or the method of supply of the kit? Can you suggest some remedies?</p>
<p><b>Closing</b> We are now approaching the end of our discussion. Is there anything else anyone would like to add about the Madilu kits supply and quality that we have not talked about?</p> <ul style="list-style-type: none"> <li>✓ Summarise</li> <li>✓ Thank participants</li> <li>✓ Provide extra information and contacts to participants</li> </ul> <p>Collect participant demographic details</p>	

**ANNEXURE 4**  
**SCORING SYSTEM FOR DISTRICT PERFORMANCE**  
**(Negative scoring system)**

	<b>Excellent</b>	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>0 marks</b>	<b>-1 Mark</b>	<b>-2 Marks</b>	<b>-3 Marks</b>	<b>-4 Marks</b>	<b>-5 Marks</b>
<b>Average percentage of beneficiaries who received Madilu kit without BPL card</b>	0	1-20%	21-40%	41-60%	61-80%	>80%
<b>Average percentage of beneficiaries who received Madilu kit for 3<sup>rd</sup> order birth and above</b> (except in the case of the ten districts where exception has been made for no restriction on the number of live births after a particular date)	0	1-20%	21-40%	41-60%	61-80%	>80%
<b>Average percentage of beneficiaries who did not received Madilu kit within 48 hours following normal delivery</b>	0	1-20%	21-40%	41-60%	61-80%	>80%
<b>Average percentage of beneficiaries who received Madilu kit later than 5 days' of hospital stay in cases of Caesarean Section deliveries.</b>	0	1-20%	21-40%	41-60%	61-80%	>80%
<b>Average percentage of beneficiaries who did not received Madilu kit at all</b>	0	1-20%	21-40%	41-60%	61-80%	>80%
<b>Average percentage of beneficiaries who did not receive complete Madilu kit with 19 items</b>	0	1-20%	21-40%	41-60%	61-80%	>80%
<b>Average percentage of beneficiaries who had paid money for receiving the Madilu kit</b>	0	1-20%	21-40%	41-60%	61-80%	>80%

**The district with least negative score (deviation) will be ranked first.**

# EVALUATION MADILU PROGRAMME

## ALTERNATIVE SCORING SYSTEM FOR PERFORMANCE OF HEALTH FACILITY/ DISTRICT

<b>IMPACT EVALUATION</b>	<b>Very poor</b>	<b>Poor</b>	<b>Average</b>	<b>Better</b>	<b>Good</b>
	<b>2 Marks</b>	<b>4 Marks</b>	<b>6 Marks</b>	<b>8 Marks</b>	<b>10 Marks</b>
Improvement in Institutional deliveries					
Consistency in improvement of number of beneficiaries					
<b>PROCESS EVALUATION</b>	<b>Very poor</b>	<b>Poor</b>	<b>Average</b>	<b>Better</b>	<b>Good</b>
	<b>1 Marks</b>	<b>2 Marks</b>	<b>3 Marks</b>	<b>4 Marks</b>	<b>5 Marks</b>
Usefulness as rated by the beneficiaries					
Issue of kits to correct beneficiaries based on selection criteria					
Timeliness of issue of the kit					
Completeness of the kit					
Quality of the kit					
Problems in obtaining the kit					

**Minimum score= 10**

**Maximum score= 50**

<b>Score</b>	<b>Comment on Madilu performance</b>
40-50	Excellent performing
30-40	Good performing
20-30	Low performing
10-20	Poor performing

### **1] Improvement in Institutional deliveries:**

A- Percentage of Institutional deliveries during 2014-15

B- Percentage of Institutional deliveries during 2011-12

Percentage increase in Institutional deliveries= A-B%

	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>2 Marks</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>

## EVALUATION MADILU PROGRAMME

		<b>Marks</b>	<b>Marks</b>	<b>Marks</b>	<b>Marks</b>
Percentage increase in Institutional deliveries	<20%	21-40%	41-60%	61-80%	>80%

### 2] Consistency in improvement of number of beneficiaries:

- A- Percentage of Beneficiaries who received Madilu Kit during 2014-15
- B- Percentage of Beneficiaries who received Madilu Kit during 2013-14
- C- Percentage of Beneficiaries who received Madilu Kit during 2012-13
- D- Percentage of Beneficiaries who received Madilu Kit during 2011-12

$$\text{Average increase percentage} = \frac{[(A-B)+(B-C)+(C-D)]}{3} \%$$

	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>2 Marks</b>	<b>4 Marks</b>	<b>6 Marks</b>	<b>8 Marks</b>	<b>10 Marks</b>
Average increase percentage of beneficiaries yearly	<20%	21-40%	41-60%	61-80%	>80%

### 3] Usefulness as rated by the beneficiaries

<b>Question no: 30</b>	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>1 Mark</b>	<b>2 Marks</b>	<b>3 Marks</b>	<b>4 Marks</b>	<b>5 Marks</b>
<b>Average score (as rated by the beneficiaries)</b>	1-1.99	2-2.99	3-3.99	4-4.99	5

### 4] Issue of kits to correct beneficiaries based on selection criteria

- A- Percentage of beneficiaries who received Madilu kit as per selection criteria in the 2011-12
- B- Percentage of beneficiaries who received Madilu kit as per selection criteria in the 2012-13
- C- Percentage of beneficiaries who received Madilu kit as per selection criteria in the 2013-14
- D- Percentage of beneficiaries who received Madilu kit as per selection criteria in the 2014-15

**Average percentage of beneficiaries who received Madilu kit as per selection criteria=**

$$\frac{[A+B+C+D]}{4}$$

<b>Question no: 6, 7, 14, 16</b>	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>1 Mark</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Marks</b>

## EVALUATION MADILU PROGRAMME

		<b>Marks</b>	<b>Marks</b>	<b>Marks</b>	
<b>Average percentage of beneficiaries who received Madilu kit as per selection criteria</b>	<20%	21-40%	41-60%	61-80%	>80%

### 5] Timeliness of issue of the kit:

- A- Percentage of beneficiaries who received Madilu kit within prescribed time in 2011-12
- B- Percentage of beneficiaries who received Madilu kit within prescribed time in 2012-13
- C- Percentage of beneficiaries who received Madilu kit within prescribed time in 2013-14
- D- Percentage of beneficiaries who received Madilu kit within prescribed time in 2014-15

**Average percentage of beneficiaries who received Madilu kit within prescribed time=**

<b>Question no: 6, 7, 14, 16</b>	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>1 Mark</b>	<b>2 Marks</b>	<b>3 Marks</b>	<b>4 Marks</b>	<b>5 Marks</b>
<b>Average percentage of beneficiaries who received Madilu kit within prescribed time</b>	<20%	21-40%	41-60%	61-80%	>80%

$$\frac{[A+B+C+D]}{4}$$

4

### 6] Completeness of the kit (All 19 items/ as prescribed)

- A- Percentage of beneficiaries who received complete Madilu kit in 2011-12
- B- Percentage of beneficiaries who received complete Madilu kit in 2012-13
- C- Percentage of beneficiaries who received complete Madilu kit in 2013-14
- D- Percentage of beneficiaries who received complete Madilu kit in 2014-15

**Average percentage of beneficiaries who received complete Madilu kit =  $\frac{[A+B+C+D]}{4}$**

<b>Question no: 6, 7, 14, 16</b>	<b>Very poor</b>	<b>poor</b>	<b>average</b>	<b>better</b>	<b>good</b>
	<b>1 Mark</b>	<b>2 Marks</b>	<b>3 Marks</b>	<b>4 Marks</b>	<b>5 Marks</b>
<b>Average percentage of beneficiaries who received complete Madilu kit</b>	<20%	21-40%	41-60%	61-80%	>80%

### 7 ]Quality of the kit [2014-15]



## EVALUATION MADILU PROGRAMME

Score	3	2	1
Average number of missing items	1-2	2-5	>5
Percentage of Madilu kits containing items without proper size	<25%	25-75%	>75%
Percentage of Madilu kits containing items without proper shape	<25%	25-75%	>75%
Overall rating of Madilu kits by beneficiaries	good	average	poor
Usefulness as rated by beneficiaries	Very useful	useful	useless

**Maximum score= 15**

**Minimum score=3**

Question no: 22, 23, 24, 25, 26	Very poor	poor	average	better	Good
	1 Mark	2 Marks	3 Marks	4 Marks	5 Marks
<b>Scores for Kit Quality</b>	3-5	6-8	9-11	12-14	15

### 8] Problems in obtaining the kit [2014-15]

	Percentage of beneficiaries
Obtained kit by payment of money [A]	
Non-availability of kit [B]	
Lack of awareness [C]	
<b>Average percentage [A+B+C]/3</b>	

Question no: 28	Very poor	poor	average	better	good
	1 Mark	2 Marks	3 Marks	4 Marks	5 Marks
<b>Average percentage of beneficiaries who had NO problems receiving the Madilu kit</b>	<20%	21-40%	41-60%	61-80%	>80%

**“Impact of Madilu Programme of Samagra Mathru Aarogya Palane  
(ThayiBhagya) Yojane of institutional Deliveries in Government Hospitals and  
reduction of Maternal & Neo-natal deaths in Karnataka”**

**Sample Selected**

Sl.No	District	Selected Taluks	Selected PHCs
1	Bagalkote	Badami	KAKNUR (24X7)
		Jamakhandi	PATTDAKAL (24X7)
			SAVALAGI (24X7)
2	Bangalore Rural	Devanahalli	GUDLUMUDDENAHALLI
		Nelamanagala	KUNDANA (24X7)
			MODALAKOTE
3	Bangalore Urban	Anekal	ATTIBELE (24X7)
		Bangalore North	ABBIGERE (24X7)
			HESARAGHATTA (24X7)
4	Belgaum	Athani	KOKATNUR (24X7)
		Belgaum	ASHOK NAGAR
			MUTYANATTI
5	Bellary	Bellary	KOLUR (24X7)
		Kudligi	RUPANAGUDI (24X7)
			GUDEKOTE (24X7)

## EVALUATION MADILU PROGRAMME

6	Bidar	Aurad	CHORADABKA (24X7)
		Humnabad	TORNA (24X7)
			HALLIKHED(K) (24X7)
7	Bijapur	Indi	CHADACHANA (24X7)
		Muddebihal	LONI.B.K. (24X7)
			KONNUR (24X7)
8	Chamrajnagar	Kollegal	LOKKANAHALLI 24X7 TRIBAL
		Chamaraja Nagar	BEDUGULI TRIBAL
			HONGANOORU 24X7 TRIBAL
9	Chikkaballapur	Chintamani	KAIWARA (24X7)
		Gowribidanur	HOSSUR (24X7)
			NAMAGONDLU (24X7)
10	Chikmagalur	Koppa	BANDIGADI
		Shringeri	HARIHARAPURA (24X7)
			SHANTHIGRAMA
11	Chitradurga	Chitradurga	HAIKAL (24X7)
		Hosadurga	TURUVANURU (24X7)
			JANAKAL (24X7)
12	Dakshina Kannada	Mangalore	KATIPALLA (24X7)
		Puttur	ULLAL (24X7)
			THINGALADY

## EVALUATION MADILU PROGRAMME

13	Davangere	Davangere	ANAJI (24X7)
		Jagalur	KODAGANUR (24X7)
			BILACHODU (24X7)
14	Dharwad	Dharwad	AMMINABHAVI (24X7)
		Kalaghatgi	U.BETAGERI (24X7)
			MISHRIKOTI (24X7)
15	Gadag	Ron	BELAVANKI (24X7)
		Shirahatti	NIDAGUNDI (24X7)
			HEBBAL (24X7)
16	Gulbarga	Chincholi	AINAPUR (24X7)
			SALEBEERANAHALLI (24X7)
		Jewargi	IJERI (24X7)
17	Hassan	Channarayapatna	ANATHI (24X7)
		Sakaleshpura	MATTANAVILE (24X7)
			HANUBALU (24X7)
18	Haveri	Ranibennur	DEVARAGUDDA (24X7)
		Shiggaon	KUPPELUR (24X7)
			CHANDAPUR (24X7)
19	Kodagu	Virajpet	BALELE 24X7 TRIBAL
		Somwarpet	SRIMANGALA 24X7 TRIBAL
			MADAPURA 24X7 TRIBAL

## EVALUATION MADILU PROGRAMME

20	Kolar	Bangarpet	BUDIKOTE (24X7)
		Srinivasapura	DALASANUR
			RAYALPAD (24X7)
21	Koppal	Yelburga	BANDIHAL (24X7)
		Gangavati	ITAGI (24X7)
			HOSAKERA (24X7)
22	Mandya	Krishnarajpet	BEERUVALLI (24X7)
		Malavalli	TENDEKERE (24X7)
			KIRUGAVALU (24X7)
23	Mysore	Heggadadevankote	ANNUR 24X7 TRIBAL
		Tirumakudal Narsipur	N.BELTHUR TRIBAL
			MALANGI (24X7)
24	Raichur	Devadurga	GABBUR (24X7)
		Sindhanoor	BADARLI (24X7)
			PAPARAO CAMP (24X7)
25	Ramanagar	Kanakapur	DODDALAHALLI (24X7)
		Magadi	SHIVANAHALLI
			KUDUR (24X7)
26	Shimoga	Bhadravathi	ANTHARAGANGE (24X7)
		Sagar	THALLIKATTE
			KARGAL (24X7)

## EVALUATION MADILU PROGRAMME

27	Tumkur	Sira	CHIRATHA HALLY (24X7)
		Kunigal	HULIYURDURGA (24X7)
			TAVREKERE
28	Udupi	Karkal	BELMANNU (24X7)
		Kundapura	BELVE (24X7)
			KUMBHASHI (24X7)
29	Uttara Kannada	Ankola	BELSE
		Supa	CASTLEROCK
			KUMBARWADA (24X7)
30	Yadgir	Shahpur	CHATNALLI (24X7)
		Surapur	TIDIBIDI (24X7)
			KEMBHAVI (24X7)

# Annexure 1

STATEMENT SHOWING CUMULATIVE FIGURES OF BENEFICIARIES UNDER MADULU PROGRAM for 2007 to March-15

Sl. No.	Name of the District	2007-08				Total	2008-09				Total	2009-10				Total	2010-11				total
		BPL	SC	ST	SC		BPL	SC	ST	SC		BPL	SC	ST	SC		BPL	SC	ST	SC	
1	Bangalore (U)	79	59	25	163	7204	2684	809	10697	9694	3909	1296	14899	11515	4454	1215	17184				
2	Bangalore (R)	57	13	12	82	2038	1161	472	3671	2987	1162	700	4849	3181	1388	621	5190				
3	Ramanagara	412	218	146	776	2173	624	117	2914	2273	559	299	3101	3280	961	200	4441				
4	Chitradurga	526	317	471	1314	2420	1564	1251	5235	5711	2684	1882	10377	4628	1912	1603	8143				
5	Davangere	512	222	123	857	6265	2970	1720	10955	4861	2130	1319	8310	7187	3313	2116	12616				
6	Kolar	107	88	29	224	5581	2949	1973	10503	5837	3766	818	10421	5843	3801	1143	10787				
7	Chikabalur	280	250	175	705	4367	1829	1039	7235	3042	1359	774	5175	5179	1960	1221	8360				
8	Shimoga	171	46	6	223	6588	1735	570	8893	8636	2444	695	11775	7791	2337	923	11051				
9	Tumkur	877	40	22	939	6124	2100	782	9006	4965	1857	729	7551	8832	3144	1357	13333				
10	Mysore	786	543	310	1639	8165	3213	2552	13930	9785	3805	2945	16535	10666	4765	3337	18768				
11	Mandya	680	136	49	865	8431	1849	378	10658	7458	1572	374	9404	9108	2279	423	11810				
12	D Kannada	527	167	57	751	1847	847	373	3067	3063	928	359	4350	2430	1003	387	3820				
13	Chikmagalur	291	112	17	420	4187	1994	675	6856	4940	2359	760	8059	5022	2389	745	8156				
14	Channarayana	104	22	42	168	3270	1654	472	5396	4425	1934	515	6874	6075	2617	919	9611				
15	Kodagu	151	78	61	290	302	265	1223	1790	790	401	1403	2594	2127	579	659	3365				
16	Hassan	1215	624	107	1946	7753	1686	306	9745	6364	2506	484	9354	6338	1923	225	8486				
17	Udupi	231	61	33	325	2019	343	314	2676	2172	472	376	3020	3379	423	386	4188				
18	Belgaum	350	98	65	513	4650	1672	1162	7484	8531	2508	1417	12456	7764	2806	1598	12168				
19	Bagalakot	0	0	0	0	4022	1363	724	6109	5292	1795	631	7718	5620	1601	820	8041				
20	Bijapur	351	171	80	602	4063	1914	160	6137	6085	2142	253	8480	8302	2448	306	11056				
21	Dharwad	24	48	12	84	5377	744	476	6597	6881	927	533	8341	8880	1340	961	11181				
22	Gadag	94	43	33	170	5113	1186	489	6788	7203	1698	701	9602	6685	1498	1427	9610				
23	Haveri	319	84	47	450	4043	744	756	5543	8041	2068	1472	11581	9537	2008	1994	13539				
24	U.Kannada	0	0	0	0	3742	516	322	4580	5373	837	329	6539	6609	1800	613	9022				
25	Gulbarga	113	105	36	254	5685	4106	1014	10805	8644	4701	1318	14663	6919	3838	595	11352				
26	Yadagiri	0	0	0	0	0	0	0	0	0	0	0	0	4367	2001	1063	7431				
27	Koppal	25	11	6	42	1107	791	795	2693	4271	1413	1071	6755	5391	1880	1235	8506				
28	Bidar	694	246	100	1040	2475	2122	1273	5870	2740	1780	1211	5731	4270	2603	1576	8449				
29	Raichur	50	48	45	143	2232	1729	1349	5310	4594	2581	2121	9296	4195	2734	2394	9313				
30	Bellary	112	43	48	203	2117	1049	832	3998	5046	2458	2058	5562	4254	2028	1806	8088				
	TOTAL	9138	3893	2157	15188	133660	47403	24378	195141	159704	59755	28913	247372	185374	67933	33868	287075				

DD(MA)



STATEMENT SHOWING CUMULATIVE FIGURES OF BENEFICIARIES UNDER MADHU PROGRAM for 2007 to March-15

Sl. No.	Name of the District	2011-12			2012-13			2013-14			2014-15			Total						
		BPL	SC	ST	BPL	SC	ST	BPL	SC	ST	BPL	SC	ST	BPL	ST					
1	Bangalore (U)	10790	4156	1170	16106	10831	4166	1096	16093	10668	3942	1218	15628	8630	3146	873	13849	69401	26516	7702
2	Bangalore (R)	2334	1183	465	3972	2443	1133	297	3873	2441	1144	352	3997	2114	1134	302	3550	17595	8318	3211
3	Ramanagara	2976	909	454	4339	2411	896	231	3538	2896	988	337	4131	2918	1031	326	4275	19749	6186	2080
4	Chitradurga	2880	1221	1721	5829	2940	1820	12569	9265	2245	1745	13275	8785	4786	2576	2367	9129	44579	16218	17960
5	Davanogere	7925	3739	2277	13941	7207	3539	2132	11278	4967	2343	1375	11558	3680	2892	799	3821	26389	8179	8957
6	Kolar	5582	4200	1063	10845	5375	4241	1364	10080	6016	4452	1090	11558	3680	2892	799	3821	26389	8179	8957
7	Chikabalur	5437	2596	1495	9528	4472	2228	1320	8000	5019	2605	1817	14086	7251	3043	827	11121	55820	18887	6549
8	Shimoga	7892	3028	882	11812	8166	2886	1243	12295	9255	3368	1913	14086	7251	3043	827	11121	55820	18887	6549
9	Tumkur	8186	3070	2161	13417	8960	3223	1474	13657	8818	2995	1466	13279	6583	2107	949	9639	53345	18536	8940
10	Mysore	10544	4505	3916	18965	12313	4712	3099	20724	11676	4195	3379	19250	11625	4320	2804	18959	75760	30088	22942
11	Mandya	8624	2295	540	11519	7414	2040	641	10104	7758	1864	493	10115	5408	1397	332	3545	21681	7632	3309
12	Dakshina	6348	1965	1068	9413	5211	2368	642	8231	5017	2522	835	8375	4623	2110	1366	8079	33756	15343	5933
13	Channarayana	5404	2855	664	8913	5211	2368	642	8231	5017	2522	835	8375	4623	2110	1366	8079	33756	15343	5933
14	Hassan	5680	2422	918	9020	5433	2518	848	8799	4146	1966	863	6965	4623	2110	1366	8079	33756	15343	5933
15	Kodagu	1940	806	660	3406	2202	709	690	3601	2255	706	690	3651	2098	622	523	3243	11865	4166	5909
16	Haveri	10482	3775	800	15057	9141	3461	663	12265	10886	3837	648	4064	2665	788	533	3706	19524	3847	3084
17	Udupi	3447	524	517	4488	2985	546	467	3988	2926	690	448	4064	2665	788	533	3706	19524	3847	3084
18	Belgaum	17715	4652	2787	25154	17920	2806	922	17726	14875	3256	2969	20620	11327	2597	2185	16109	77992	20395	13733
19	Bijapur	7662	2398	982	11042	6488	2196	922	9606	6309	2139	777	9275	5809	1928	866	8623	41222	17728	7443
20	Dharwad	9056	2430	322	11808	7267	3115	487	10969	8085	2941	350	11276	7506	2567	185	10258	50715	17728	4806
21	Gadag	9075	1228	788	11091	30980	1767	864	10114	6878	1670	625	9173	7194	1467	512	9173	48980	11095	5388
22	Haveri	12591	2437	1949	16977	10517	2424	1411	14552	7886	1938	1274	11098	9211	2054	1315	13560	62145	13737	10218
23	U.Kannada	9112	4843	793	14748	9739	5473	950	16162	9710	5331	765	6743	5386	655	207	6748	41336	6076	2420
24	Guburga	9975	2741	1786	10482	6139	2768	1779	10886	6901	2968	1977	11846	6235	2738	1525	10498	29817	35216	6189
25	Yadajiri	8216	2640	2464	13320	8427	2803	2002	12192	10026	3359	2014	16199	5866	1949	2544	10359	44129	14646	11866
27	Koppal	5150	2817	2390	6496	3675	2021	2273	4466	2197	1972	10813	4833	2237	2308	8185	31843	18852	16904	15223
28	Bidar	5453	3040	2647	11140	4716	2238	2770	9227	4466	2197	10813	4833	2237	2308	8185	31843	18852	16904	15223
29	Kachar	5724	3304	2614	11642	7664	4359	3730	15753	7168	3817	3541	16526	6081	3219	1873	12173	38166	20277	17502
30	Bellary	22929	9713	8135	346177	210921	78184	38437	327542	210732	75944	37079	323155	174121	64705	32929	271815	1290449	475890	239126
TOTAL		22929	9713	8135	346177	210921	78184	38437	327542	210732	75944	37079	323155	174121	64705	32929	271815	1290449	475890	239126

All dist. start in sample  
 Sample size PPS in BPL and SC 25%  
 HFW 52-FPR 2010  
 15/10/14  
 29/4/15

D. Srinivas  
 29/4/15



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## **A more complete description of the methods and methodologies used**

The detail complete description is covered in the Evaluation methodology chapter

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## **List of individuals of groups interviewed / consulted and sites visited**

State Level – Commissioner Health & FW, Mission Director, NHM, Director, Health & FW, JD and DD, Dept of Health & FW

District Level –DHOs, DPMOs, NRMH officer, Dist Surgeons

Taluka level – Taluka Health Officers

Primary Health Centres – Medical Officers

Staff Nurses

ANMs

Asha Workers

Anganwadi Workers

Beneficiaries/Stakeholders

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**Dissenting views by evaluation team member or client if any**

No such Dissenting views

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## Short biographies of the principal investigators

Name: **Dr. Arun Daniel.J**

### **Career Goals:**

1. To impart training and quality education to anticipated medical professionals in the field of public health.
2. To be involved in various community-based workgroups and to work among the community especially in the field of TB, Polio, HIV/AIDS, Non-Communicable diseases, disaster management, rehabilitation and operational research.
3. To participate and conduct research in the field of public health and make healthy contributions.

### **Academic Qualifications**

<b>Qualification</b>	<b>University/Place</b>	<b>Year completed</b>	<b>Institute</b>
M.D. (Community Medicine)	RGUHS, Karnataka	2015	S.S Institute of Medical Sciences and Research Center, Davangere, Karnataka
M.B.B.S	Pondicherry University, Pondicherry	2008	Pondicherry Institute of Medical Sciences and Research Center, Pondicherry.
Schooling (upto 12 <sup>th</sup> standard)	Pondicherry	2002	Petit Seminar Higher Secondary School, Pondicherry

### **Work Experience**

#### **A. Public Health Work:**

##### **Prior to Post-graduation (2009-2012)**

1. Worked as Medical Administrator in “Volontariat”, a French-based, registered, non-profit, non-political, secular, Non- Governmental organization in Pondicherry for a period of 2 years (2009-2011) in imparting health care and communication among specific groups of people with Leprosy, street children, geriatrics (day care center), adolescent (mental health ) and HIV infected orphaned children. Conducted out-reach camps at gypsy inhabitations, health unreached villages and coastal (Fishermen) areas.

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2. Worked as medical officer in “Certh India Hospital” ,(Center for **E**ducation, **R**ehabilitation and **T**reatment of the **H**andicapped- India), a charitable, secular, non-governmental organization which is registered as a society under the societies act of the Indian Government in Pondicherry for a period of 1 year (2011-2012). Was involved in Disability Prevention and Medical Rehabilitation, Health care and Education of people affected with Leprosy.

### **During Post-Graduation (2012-2015)**

1. **Dissertation:** “A comparative study on prevalence, pattern and determinants of self-medication practices among rural and urban adult population of Davangere taluk, with specific emphasis on self- medication in non-communicable diseases”  
Submitted in November 2014 to RGUHS, Karnataka as partial fulfilment of MD degree in Community Medicine, under the guidance of Dr. Pragati V Chavan, Professor, Department of Community Medicine.
2. **Scientific Paper presentations:**
  - A. **International Level:**
    - a. Presented a poster titled “Tobacco usage among rural adult population of Davangere” in the International NCD meet at Manipal, 2015 and received the **Best poster award**.
    - b. Presented a paper titled “A comparative study of usefulness of Telephone surveys over face to face surveys as a method of Data collection” at IPHACON, Kolkota-2013
  - B. **National Level:**
    - a. Presented a paper titled “Sero-epidemiological dengue surveillance and its entomological correlation in Davangere district” at National workshop on Field Epidemiology, Davangere-2014.
  - C. **State Level:**
    - a. Presented a paper titled “Effect of pre-pregnant maternal obesity on breastfeeding practices in field practice areas of SSIMS&RC-a nested case control study” in KACHKON-2013, BMC, Bangalore, and selected under the Best paper category.
    - b. Presented a paper titled “Application of Rule of halves for Hypertension as an assessment tool in an urban slum of Davangere” in KACHKON-2014 under the full paper category.
3. **Publications:**
  - a. Arun Daniel J, Chavan PV, Rajashri SP, Aswin K. Telephone survey versus face to face survey as a method of data collection. Journal of Medical education and Practice. may 2013; 2( 7): 1-3
  - b. Arun Daniel J, Chavan PV. The effect of pre-pregnant maternal obesity on the breast feeding practices in the field practice area of SSIMS&RC- a nested case control study. Indian journal of community medicine (accepted: 29-05-2014.)

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- c. Chavan PV, Debjyoti D, Arun Daniel J, Rajashri SP “Awareness about RNTCP and DOTS guideliness among health care professionals of tertiary care hospital of south India. National Journal of Community Medicine.2014;5(1)
  - d. B L Anantha Narayana Gowda, H M Viswanathakumar, Yamuna B N, Arun Daniel J. Efficiency of oral fenofibrate in the management of unconjugated hyperbilirubinemia in neonates- a prospective study. International Journal of recent trends in science and technology December 2014; 13(2): 253-55
  - e. Varadaraja Rao B, Arun Daniel J. Application of “rule of halves” for hypertension as an assessment tool in an urban slum Davangere. National journal of community medicine 2014;13(2).
  - f. B L Anantha Narayana Gowda, Arun Daniel J. Impact of of life style changes and dietary habits on Cardio-vascular risk factors among obese and non-obese children- a comparative study. International journal of recent trends in science and technology. February 2015; 14(1): 72-75
  - g. Arun Daniel J, Chavan PV .Tobacco usage among rural adult population of Davangere. Indian journal of public health (under review)
  - h. Arun Daniel J, Chavan PV. Sero-epidemiological dengue surveillence and its entomological correlation in Davangere district. The Journal of Communicable Diseases. (under review)

#### 4. Workshops attended:

	<b>Topic</b>	<b>Organized by</b>	<b>Place</b>	<b>Date</b>
1	Pre conference workshop on Regression Analysis KACHON 2012	KACH	SNM Bagalkot	3-01-2012 to 4-01-2012
2	Research Methodology for Post Graduates	SSIMS & RC	Davangere	25-09-12 to 26-09-2012
3	National Workshop on Research Methodology and Research Statistics	Bapuji Dental College	Davangere	27-09-2012 to 29-09-2012
4	National workshop on Immunization,	KMC	Manipal	13-03-2013 to 15-03-2013
5	Workshop on Statistical Methods in Epidemiology	KMC	Manipal	26-05-2014 to 30-05-2014
6	Qualitative Methods in Health Research	SMVMC & RC	Puducherry	4-01-2014 to 10-01-2014
7	National Workshop On Public Health Nutrition	JJMMC	Davangere	27-03-2014 to 29-03-2014
8	National Workshop on Field Epidemiology	JJMMC	Davangere	15-08-2014 20-08-2014

## 5. Conferences Attended:

	Topic	Participation	Venue	Date
<b>I</b>	<b>International Level</b>			
1	IPHACON-2013	Delegate, Oral Scientific Presentation	Kolkata	1-02-2013 to 3-02-2013
2	International NCD meet: Manipal Chapter	Delegate	Manipal	10-01-2015 to 11-01-2015
<b>II</b>	<b>State Level</b>			
1	24 <sup>th</sup> Annual Conference of the Karnataka Association of Community Health, KACHCON 2012	Delegate	Bagalkot, Karnataka	3-11-2012 to 4-11-2012
2	25 <sup>th</sup> Silver Jubilee Conference, KACHKON 2013	Delegate, Oral Scientific Presentaiton	Bangalore, Karnataka	30-11-2013 to 1-12-2013
3	26 <sup>th</sup> Annual KACHCON 2014	Delegate, Oral Scientific Presentation	Belgaum, Karnataka	10-10-2014 11-10-2014

## 6. CMEs and Symposia Attended:

	Topic	Organized by	Venue	Place	Date
1	Tobacco Cessation	Department of Oral Medicine and Radiology	Bapuji College of Dental Sciences	Davangere	6-07-2012
2	Grow to Grey	KACH PG refresher course	JSS Medical College	Mysore	10-08-2012
3	Management of Dog Bite, Rabipur	Department of Community Medicine	SSIMS & RC	Davangere	26-09-2012
4	Prenatal and Neonatal Screening of Genetic Diseases	Department of Biochemistry	SSIMS & RC	Davangere	29-09-2012
5	Tuberculosis: Recent advances	Department of Pulmonary Medicine	JJMC	Davangere	30-08-2013
6	Update on Thyroid Disorders	Department of Biochemistry	SSIMS & RC	Davangere	15-03-2013
7	Recent Trends in the treatment and disposal of Biomedical Waste Management	Department of Community Medicine	SSIMS & RC	Davangere	8-03-2014
8	Small bite and big threat, Protect yourself from Vector Borne Diseases	Department of Community Medicine	SSIMS & RC	Davangere	26-04-2014
9	Dermatology		SSIMS & RC	Davangere	14-11-2014
10	Diabetes Mellitus: Education for Prevention	Department of Community Medicine	SSIMS & RC	Davangere	22-11-2014

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**Personal Details:**

**Name:** Dr. Arun Daniel. J

**Date of Birth:** 29.06.1985

**Age:**29 years

**Nationality:** Indian.

**Computer skills:** Trained in entry, computation and analysis of data using major softwares like SPSS, STATA, EXCEL, EPI-INFO, GRAPHPAD and Word processors like Atlas-ti, ANTHROPAC.

**Languages Known:** English, Tamil and Kannada.

**Membership in professional bodies:** Life member in Karnataka Association of Community Health (no: 454)

**Personal Interests and achievements:**

**Music:** Keyboard and guitar player.

Official keyboardist of various bands like Genesis, Jubals, Eurhythmics.

Won prizes at various national level

Released a music album called “Uthiripookal” during internship.

**Awards:** Three Consecutive annual awards “Best melody pianist” (2), “Best Innovation” offered by Trinity School of Music, London.

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## EVALUATION QUESTIONS AND ANSWERS MATRIX

	<b>Evaluation question</b>	<b>Answer</b>
1	Are the selection of beneficiaries under the program correct i.e. whether Madilu kits were given to only BPL mothers and that too in case of two live births (except in the case of the ten districts where exception has been made for no restriction on the number of live births after a particular date as detailed before)? What has been the district wise, year wise wrong selections and type of deviations which took place?	All beneficiaries in the sample were selected on the basis of the program guidelines. There was no wrong selection in terms of eligibility criteria or birth order among the sampled beneficiaries. There was delay in time in issue of the Madilu kits in many districts.
2	How many of the eligible BPL SC, BPL ST and BPL other than SC/ST mothers received Madilu Kits-	
	a. Later than 48 hours of delivery in case of normal deliveries later than 5 days' of hospital stay in cases of Cesarean Section deliveries.	63.36% (n=2219, T=3502)
	b. Not received kit at all	0
3	How many of the BPL SC, BPL ST and BPL other than SC/ST mothers (irrespective of whether the shew a eligible or not and the time of distribution after delivery) received Madilu Kits after the payment of some money to any employee of the hospital or non-employee of the hospital (it may then be specified who)? What is the percentage incidence of such cases in each district in the evaluation period?	1.93% (n=67)  District-wise data has been tabulated under each district separately.
4	Did the Madilu Kits distributed (irrespective of whether the beneficiary was eligible or not, whether money was paid or not and the	Items other than mosquito nets went missing on 44 (1.25% of kits) occasions. The Sweater + cap + socks (13.38%), the

	<p>time of distribution after delivery) contain all the 19 items incorrect quantity/number/size? What is the percentage incidence of incomplete distribution of Madilu kit in each district in the evaluation period?</p>	<p>baby dresses (10.34%), the Madilu plastic kit bag (8.85%) and carpet (7.45%) were the materials most speculated about the size, shape and quality by the respondents.</p>
5	<p>Is there a pattern in the items of the kit that were missing or less/short in quantity/number/size? If there is indeed a pattern, it may be reported district wise.</p>	<p>In more than half (53%) of the studied areas, mosquito nets were not supplied at all or supplied very late due to 'stock-out.' Items other than mosquito nets went missing on 44 (1.25% of kits) occasions. District wise missing items is mentioned under each district.</p>
6	<p>What is the system of quality control of the items that comprise the Madilu kit at (a) Karnataka Handloom Development Corporation and the Karnataka Soaps and Detergents Limited level, and (b) Programme implementation department level? In case there is none or not a satisfactory one, what should be the systems of quality control at these levels?</p>	<p>The Managing director, KHDC, places the orders to NCCF and receives stocks. He also receives 6 items from KSDL on same procurement basis. The 19 items are assembled after quality assessment at the stock entry. The stock register is maintained at KHDC headquarters and random quality check is carried out by the managing director for each item periodically.</p> <p>KHDC then transports the kits to District Health office as per the requirements insisted by the District Health Officer. Monthly once or twice there is a random quality assessment of the items carried out at the Zilla Panchayat office by the program officer.</p>
7	<p>What is the opinion of the beneficiaries regarding the equality and utility of items of Madilu Kits? Based on the opinion, what suggestions of changing the quantity or quality of some existing items of the kit, add</p>	<p>Qualitative assessment was done by focus group discussions with beneficiaries and health workers and</p>

	ngsomeitemstotheKITanddeletingsomeitemsinthe kitcanbegiven?(Additions and deletions may be suggested districtwise).	opinion (in real words) of the beneficiaries was recorded. People had negative opinion about cosmetic items and recommended deletion of such items of daily usage like soaps and detergents and include long time use materials like slippers and antiseptic lotions.
8	WhatproportionoftheMadilubeneficiariesreceive dthebenefitsof <i>PrasoothiAraike</i> and <i>JananiSuraks has</i> chemestoo?Howmanyofthemreceivedthefina ncialcomponentthrough(a)Cash,and(b)Directcre ditto their bankaccounts?	63.35% (100% who received were by credit to their bank accounts)
9	WhathasbeentheinstitutionwiseMaternalandInfa ntdeathbefore(2007)afterimplementation(2014) of <i>Madilu</i> programme?Inwhichdistricts has this worsened in the 2007-2014period?	MMR reduced from 213 to 133. Raichur, Ramanagara, Kolar and Bijapur have worsened in terms of Institutional deliveries not showing any significant betterment in MMR and IMR
10	Whatcouldbetherereasonsforconsistentincreaseinb eneficiariesintheperiod 2007-08 to 2010-11 and the later continuousdecline?	The actual trend found was there was a crescendo pattern with increase in beneficiaries since 2008-09 to 2011-12 with a fall in 2012-13 then a rise in 2013-14 with a subsequent significant decline in the present year (2014-15).  The reasons found during the interviews were stock-out of kits at the PHC level, delay in crediting JSY/PA money and administrative delay in sending intends and receipt of the kit by the beneficiaries.
11	Intheyear2014-15,whereastherehasbeenaconsistentdeclineinthe numberof <i>Madilu</i> beneficiariesinalldistrictsexcep tforBellary?Whatisthe reason for Bellary being theexception?	There has been an increase in Institutional deliveries in Bellary since 2011-12 due to good maternal Health services. There is systematic work done by the grass root level staff in reaching

		the scheme benefits including the kits to the beneficiaries. There is good record maintenance in Bellary for the Madilu scheme which was deficient in other districts. FGDs showed satisfaction level was higher among Bellary beneficiaries. 70% of them belonged to class V socio-economic status and felt those materials in the kit all indispensable.
1 2	What are the difficulties in issuing complete Madilu kit to beneficiaries in time expressed by the heads of hospitals? How can these be set right?	Stock-outs and delay in supply of kits from the DHO office were the major reasons. This can be set right only by supplying stocks regularly by anticipating and calculating the number of new deliveries in the locality as it is done for procuring vaccines to the beneficiaries.
1 3	As per the guidelines of the Madilu cash assistance of Rs.2000 is to be given under <i>Prasoothi Arai</i> (including <i>Janani Suraksha</i> scheme) to beneficiaries at the time of delivery for getting their nutritional requirement within 48 hours of the delivery. Has the cash assistance been provided within 48 hours of the delivery? If not, give reasons.	63.36% of the beneficiaries received cash assistance only after 48 hours. The reason for the delay is purely administrative as all those who have received got it directly credited to their bank accounts. There was no delay or administrative confusion in the bank.
1 4	What is the actual use made of the financial benefit/incentive provided to the beneficiaries?	Since the money is received late in most of the deliveries, the money is utilised for common household expenditures and not for nutritional support of the mother during lactation.
1 5	Has the programme penetrated the isolated and remote villages inhabiting very poor people and/or primitive tribes who need to be covered under the programme first?	Yes. The tribal areas have been covered by the Madilu programme with great success of 63% coverage at the start of the programme (2011-12) but showed

		decline after that till 2015 when it was 49%. Tribal areas in Chamarajanagara and Uttar Kannada districts have shown marked achievements in programme penetration (97%) initially but later declined.
1 6	What are the opinions and suggestions for improvement of the Madilu Programme given by beneficiaries, Staff Nurses and Doctors of Government and Medical College hospitals?	1. The JSY/PA money as well as the kits should reach the beneficiaries in time. 2. There must be a prompt Quality control mechanism to check poor quality materials supply. 3. The cosmetic items can be replaced by more useful materials for sanitation like antiseptic lotions and slippers.
1 7	Based upon the instances of deviation from guidelines detailed in questions 2, 3 and 4 above as against the total number of beneficiaries covered in the evaluation period i.e. 2011-12 to 2014-15, what is the ranking in terms of proper/perfect implementation of "Madilu" programme in each district?	A negative scoring system was devised and districts were ranked accordingly. Mandya was ranked as a district with excellent performance (Rank: 1, negative score=16), followed by Chamrajnagara (2, 26), Mysore (3, 52), Uttarkannada (4, 66) and Koppal (5, 70). The least performing district was Raichur (Rank: 30, negative score=429) preceded by Kolar (29, 420), Ramanagar (28, 380) and Bijapur (27, 360).



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## Photographs of Data collection



**Hospital data collection**



**Interview with beneficiary**



**Storage of Madilu kits**



**Beneficiaries at Bangalore with Thai card**

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**Photographs of Focus group discussions**



**Seating arrangement for FGD**



**FGD with BPL SC beneficiaries**



**FGD with Mixed group beneficiaries**



**FGD with ANMs and ASHAs**



**TRA- MAY-2015 IRA- Nov-2015 DRA- SEPT-2016 FNO- KEA**  
**182 EVN 2015 (2)**





ಕರ್ನಾಟಕ ಮೌಲ್ಯಮಾಪನ ಪ್ರಾಧಿಕಾರ  
Karnataka Evaluation Authority

**EVALUATION STUDY ON MADILU PROGRAMME OF  
SAMAGRA MATHRU AAROGYA PALANE (THAYI BHAGYA)  
YOJANE**